THE ATTRACTION OF NURSING ACADEMIA TO PRACTICING NURSES:

A PHENOMENOLOGICAL STUDY

by

Edna Ruiz Magpantay-Monroe

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education in Educational Leadership

University of Phoenix

February 2009

THE ATTRACTION OF NURSING ACADEMIA TO PRACTICING NURSES:

A PHENOMENOLOGICAL STUDY

by

Edna Ruiz Magpantay-Monroe

February 2009

Approved: Lisa Isbell **Hager**, Ed.**D.**, Mentor

Heath Boice Pardee, Ed.**D.**, Committee Member

Barbara Trent, Ed.**D.**, Committee Member

Accepted and Signed: _____     2-4-09
                              Lisa Isbell Hager                          Date

Accepted and Signed: _____     2-4-09
                              Heath Boice-Pardee                         Date

Accepted and Signed: _____     2-4-09
                              Barbara Trent                              Date

_____                       2-27-09
**Dawn Iwamoto**, Ed.D.                                           Date
Dean, **School** of Advanced Studies
**University** of Phoenix

Abstract

Nursing faculty shortage is a critical issue that required investigating because the demand

for producing nurses is increasing. The purpose of this qualitative study was to

understand the phenomenon of why nursing academia is attractive to practicing nurses.

Using a phenomenological research design, the study focused on exploring the lived

experiences of 20 practicing nurses in the teaching profession. Written reflections and

semi-structured interviews were used to gather the data. The major findings of the study

provided insights into the participants' passion for teaching and continuous learning. The

themes that emerged as viable and sustainable recruitment and retention strategies are: (a)

desirable working environment, (b) mentorship, and (c) collaborative relationships.  All

the participants perceived teaching as a privilege.

Dedication

To my loving husband, Michael (Sean)…your patience and support has allowed me to complete this special journey. I know that you have quietly supported me to fulfill an important goal in my life. Thank you very much for allowing me to be who I want to be.

To my son (anak), Donovan, you came into our life at the most critical time of this special journey. You have provided me the strength to finish and I appreciate the moments when you tell me "Mommy, are you not doing homework with me?" You may not have understood what I was doing but you knew that Mommy was doing something very important.

To my parents, Eustacio and Remedios Magpantay, you both have taught me well about reaching my goals. I know that education is very important to both of you. As Dad always says, "If you want something bad, you will try your best to achieve it". Mom and Dad, this doctoral degree also belongs to you.

Salamat (Thank you) and Mahal ko kayo (I love you all)!

Acknowledgements

This special journey would have not been possible without the assistance of many individuals. First, I wanted to extend my heartfelt gratitude to my mentor, Dr. Lisa Isbell Hager. Dr. Isbell, you have made this journey quite bearable. You are a professional and take mentorship a step further by caring. Thank you also for stepping up as my mentor. One advice that I have always treasured from you is "taking this journey one-step at a time and it will come together". You made me realize that I am a doctoral student and deserve to enjoy research with my passion.

Dr. Heath Boice-Pardee and Dr. Barbara Trent, thank you for your patience and your dedication to my success.

To my cohort, learning team, and other UOP doctoral students whom I met during the residencies, thank you for providing the cheerleading support during the stressful and happy moments.

To the faculty who taught all my courses, your attention to scholarly work encouraged me to be interested in writing and pay attention to details.

To my co-workers, friends, and family, you always provided that extra encouragement, and were willing to hear what I had to say about this journey.

To our family dog, Bella, your presence beside me during my dissertation time at home has given me that peace of mind that I will do fine.

Lastly, I wanted to thank the 20 wonderful nursing educators who participated in this study. I know that your time was very valuable and I am very grateful that you shared some of your time with me.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1: INTRODUCTION

Nursing is considered by most people to be a noble profession, and most individuals enter the nursing profession because of an experience in their lives that involved a courageous or generous act of caring (Perry, 2005). Generally, people view nursing as a caring and stable profession, and stability in a profession attracts individuals to pursue that profession (Albaugh, 2004). The nursing profession has a wealth of specialty options (Stevenson, 2003) from which a nurse can choose based on his or her preference. The choices nurses make in pursuing their area of specialty are intriguing because preferences are influenced by an individual's values, beliefs, cultural upbringing, and previous experiences (O'Connor, 2002; Perry, 2005; Rudy, 2001; Stevenson, 2003).

The focus of this research was on the choices of practicing nurses who enter nursing academia. Choosing to enter nursing academia is challenging for nurses because the usual benefits of becoming a nurse are diminished. In general, practicing nurses who become nursing educators tolerate lower salaries, spend more time on furthering their education, and suffer from a negative image (Bellack, 2004; Johnson-Crowley, 2007). Knowledge about practicing nurses' choices to become nurse educators is crucial in the context of the nursing faculty shortage and overall nursing shortage.

This chapter explored the shortage of nurses and nursing educators in the context of nursing academia. The shortage of nursing educators has an overall impact on the nursing shortage crisis. The perceptions of the nursing community (Allen, 2008; Ellen, 2001; Tanner, 2002) are that practicing nurses are not attracted to positions as nurse educators for several reasons, which are addressed later in the chapter. The background, problem statement, purpose statement, significance of the study, nature of the study,

research questions, conceptual and theoretical framework, assumptions, scope,

limitations, and delimitations are also provided in this chapter.

Background

Historically, the nursing shortage has existed for many years, but the nature of the

current shortage is different because of the rapid change in the climate of the healthcare

business (Lewallen, Crane, Letvak, Jones, & Hu, 2003; *SREB Study*, 2002). The current

changes in healthcare have been attributed primarily to cost containment and the

inclusion of technology. The inclusion of technology in rendering patient care has

provided cost-effective medical care and significant support in maintaining quality care

for patients (Bower & McCullogh, 2004; Stevenson, 2003). The incorporation of up-to-

date technology, such as automated medication systems, telemedicine, and palm-based

bedside computers, provide efficiency and satisfaction for physicians, nurses, and

healthcare leaders (Stevenson, 2003). The incorporation of technology in daily operations

serves the purpose of providing efficient and safe nursing care, and compensates for the

limited supply of nurses (Bower & McCullogh, 2004). Some nursing leaders advocated

that physical recruiting and retaining bodies in the nursing workforce are more important

for combating the nursing shortage than the use of technology (K. Roberts, 2005;

Schuman, 2003; Stevenson, 2003; Wieck, 2003).

Approximately 2.8 million nurses are registered in the United States, and 80% of

these nurses practice nursing (Donley, 2005). The national supply of nurses is 6% short

of demand and predicted that if the current trends continue, the nursing shortage is

expected to grow to 29% by 2020 (Department of Health and Human Services Health

Resources and Service Administration, 2001). Moreover, nurses are leaving the

profession of nursing to pursue other fields of practice within or outside the healthcare industry, and retirement rates are estimated to be approximately 50% by the year 2010 (Bargagliotti, 2003; Barron & West, 2005).

Practicing nurses leave the profession for various reasons, one of which is job satisfaction for both pay and workload. A meta-analysis of 42 studies by Bargagliotti (2003) showed that a positive association exists between job satisfaction and a nurse's commitment to the organization. The aging population of nurses is also a factor in the nursing shortage crisis (Lewallen, Crane, Letvak, Jones, & Hu, 2003; *SREB Study*, 2002). The average age of nursing educators is 51.5 years old (Tanner, 2005). The aging population of nurses means a fast approaching retirement for them, and that translates into fewer available nurses to meet the demands of the rapidly changing healthcare context. The nursing shortage is an overall problem that affects nursing education.

The shortage of nursing educators is at a crisis level (Hinshaw, 2001; Lewallen, et al., 2003; Robinson, 2005; Schuman, 2003; Tanner, 2005). Several factors contribute to the shortage of nurse educators, including the aging of the faculty workforce, a decline in the number of graduates from the master's and doctoral programs during the past several years, intense competition from the service sector for nurses who have attained a master's or doctoral level, faculty workloads, decreases in pay, and ambiguous role expectations (American Association of Colleges of Nursing [AACN], 2003; Bargagliotti, 2003; Bellack, 2004; Clark, 2002). The shortage of nursing educators limits student enrollments and decreases the number of student graduates (Hinshaw, 2001; Tanner, 2005).

The demographic trends in nursing education are worth exploring (Schuman, 2003; Tanner, 2005). The projected nursing faculty retirements and resignations will lead

to approximately 33% of the current nursing educator workforce needing to be replaced in the next decade, which is a serious concern (Berg & Shellenbarger, 1998). Nursing educators who are at a retirement age choose to retire as educators' workloads and role expectations change to meet the demands of nursing education.

The educators' workloads and role expectations are contributors to feelings of stress in the nursing educator's role (Lewallen et al., 2003). The lack of full-time nursing educators compounds the problem. Full-time educators' role expectations become unrealistic, such as the commitment to teach more classes and carry administrative functions for school-wide committee participation (Gormley, 2003). Nursing schools use adjunct educators to fill the gap left by full-time educators. Some of the concerns associated with using adjunct educators include limited time to invest in course and curriculum development, testing and evaluation processes, and providing feedback to students (Allison-Jones & Hirt, 2004; Zungolo, 2002).

The low level of desire to enter academia is compounded by the lack of formal mentoring (Lewallen et al., 2003). Formal mentoring encourages new educators to understand the expectations of their roles and feel more satisfied (Berg & Shellenbarger, 1998; Gormley, 2003). A study about faculty shadowing experiences shows that at least 25% of nurses continue to pursue higher education and ultimately, pursue a career path in nursing academia (Seldomridge, 2004).

Nursing schools have difficulty finding nursing educators with advanced degrees (Williams, 2004). The U.S. Department of Health and Human Services, Health Resources and Services Administration (2001) emphasized that only 10% of the total nursing workforce are qualified at the master's or doctoral level and that this shortage will

worsen. Data collected by the SREB Council on Collegiate Education for Nursing showed that in the 2000-2001 academic year, only 28 doctoral graduates and 209 master's graduates completed formal presentations as nurse educators, and 432 unfilled positions for nurse educators existed (Southern Regional Educational Board [SREB], 2002). The norm for faculty teaching in baccalaureate and graduate programs is doctoral-level qualified nurses, but nurses with a master's degree are being used to fill the gap (Hinshaw, 2001). Nurses are hesitant to pursue doctoral education and choose careers in academia because of non-competitive salaries in academia in comparison to the major financial investment in a doctoral education, more opportunities in the nursing profession that do not require a doctoral degree, and higher expectations to perform for doctoral degree positions (Hinshaw, 2001; Lewallen et al., 2003).

The lack of sufficiently qualified nursing educators is influenced by misconceptions of educators' roles (Robinson, 2005; Tanner, 2005). Some nursing leaders believe that the nursing profession devalues faculty with master's degree (Donley, 2005). The misconception that the nursing profession devalues master's level faculty is a strong contributing factor to nurses' lack of desire to pursue master's level qualifications and enter into nursing academia. Recent statistics show that nurses graduating from master's and doctoral programs are not choosing an academic path because of other career opportunities that pay more, such as consulting work in healthcare and business (Hinshaw, 2001; Lewallen et al., 2003).

Nurses postpone their desire to enter graduate school in order to hone their clinical experience and defer the cost of graduate school (K. Roberts, 2005). Finance is a major factor with respect to attracting practicing nurses to become nurse educators.

Nursing educators' salaries are not comparable to nurses' salaries in the clinical setting, so nurses in general choose to remain in clinical practice even after obtaining a higher degree (Bonnel & Starling, 2003; Gormley, 2003; K. Roberts, 2005).

Nursing leaders are aware that consequences arise from the shortage of nursing educators. The stakeholders of healthcare and education are prioritizing the need to understand ways to recruit and retain nursing educators who can help alleviate the nursing shortage. The need for well-prepared nursing educators is a critical and multifaceted problem that needs to be addressed by nursing leaders and healthcare stakeholders in order to protect education in the profession of nursing and meet the demands of the rapidly changing healthcare system.

Problem Statement

To alleviate the problems associated with the aging nursing workforce, well-prepared nursing educators are required to produce competent and caring nurses to fill current and future demands. A shortage of well-prepared nursing educators who have the minimum credentials and training is apparent. The AACN (2005) reported a national nursing faculty vacancy rate of 8.1%; many nurse educators have either resigned or retired. According to research by the National League for Nursing, the estimated number of budgeted, unfilled, full-time positions nationwide in 2006 was 1,390 (Klestzick, 2006). Research suggested a 7.9% nursing educator vacancy rate in baccalaureate and higher degree programs, an increase of 32% since 2002 (AACN, 2005). Moreover, a 5.6% nursing educator vacancy rate in associate degree programs was apparent, an increase of 10% over the same period (AACN, 2005). In the institutions surveyed in the southern region, 971 nurse educators were without the minimal credentials for national

accreditation (*SREB Study*, 2002). This lack of minimal credentials, which is at least a master's degree, is a serious concern.

Women now have more opportunities in the healthcare workforce (Borst & Jones, 2005). Nursing academia frequently attracts a predominantly Caucasian female demographic (DeMarco, Brush, & Dylis, 2004), while ethnic minorities are under-represented (Gardner, 2005; Godfrey, 2005). Greater efforts such as valuing diversity and mentorship are required to recruit ethnic minorities in nursing academia because this can assist in the recruitment and retention of nursing students from various ethnic backgrounds (Godfrey, 2005).

Nursing leaders have difficulties understanding why practicing nurses are not attracted to become nursing educators with a minimum requirement to teach. The *SREB Study* in 2002 reported a 12% shortfall in nursing educators in all 16 Southern Regional Educational Board (SREB) states and the District of Columbia (Seldomridge, 2004). Leaders of nursing schools have difficulty recruiting and retaining educationally well-prepared nursing faculty; therefore, an understanding of the phenomenon of the attractiveness of nursing academia to practicing nurses may be valuable.

The limited research and understanding of the phenomenon of the attractiveness of nursing academia to practicing nurses so that they may become nurse educators ensured the study as critical. The key variables in this study were the factors that influenced the decision nursing educators made towards a conscious path to becoming nursing educators. The use of a phenomenological study facilitated an understanding of the meaning of the experiences shared by nursing educators (McCaslin & Scott, 2004). The use of written descriptions and one-on-one interviews describing the experience of

being a nurse educator created a central and unique understanding of the meaning of the phenomenon. The general population for this study was practicing nurses who were teaching in nursing academia.

Purpose

The purpose of this qualitative study was to understand the phenomenon of why nursing academia is attractive to practicing nurses. The study explored nursing educators' shared experiences of being nurse educators. The information gathered from the shared experiences of nursing educators may provide nursing leadership with some insights and enable the leadership to further recruit and retain nurse educators.

The main goal of this study was to understand the reasons why practicing nurses are attracted to work in academia and be nursing educators. Unlike a quantitative study, independent, dependent, relationship or comparison variables were not pertinent to this study. For this qualitative study, 20 practicing nurses working in nursing academia in the District of Columbia, Maryland, and Virginia areas were asked to provide written descriptions of their personal experiences as nursing educators. The written descriptions of the nursing educators were used to further explore and understand why they were attracted to the position of nursing educators while practicing as nurses. One-on-one interviews provided a more in-depth analysis of the participants' thoughts and experiences. A phenomenological research design addressed the shared meaning of the phenomenon under study for a number of individuals (McCaslin & Scott, 2003). The sample was limited to 20 participants as the information obtained did not require further input or lead to further unique information.

Significance of the Study

The study provided valuable insights into the nursing profession with respect to the factors that influence nurses to become nurse educators, and discernible recruitment and retention strategies. Wieck (2003) suggested that nursing fails to attract the potential population that can assist with the shortage of nursing educators. The American Nursing Association (ANA, 2001) reported that 57% of working nurses said that they would not recommend nursing to their own children, and 23% said that they would actively try to discourage people close to them from choosing nursing as a profession (Wieck, 2003). The current nursing crisis is exacerbated when nurses themselves do not promote nursing as a viable profession for young people to pursue. The nursing shortage, specifically the shortage of nursing educators, involves more than economics; it involves the values and stance the profession portrays to the public (Clark, 2002).

Current nurses hesitate before investing in higher education because many higher paying options exist in nursing, such as hospital nursing, and these options do not require a higher education. Workplace dissatisfaction among younger nurses in academia and feeling overburdened by teaching responsibilities are additional factors that contribute to nurse educators leaving teaching (Gormley, 2003; Matthews, 2003). These factors have negative effects with respect to projecting a positive image of nurse educators to potential candidates in this field. The study may assist nurses to understand that nursing educators have an important role to play with respect to moving the nursing profession forward.

The significance of the study to the field of leadership is vast. The answer lies beyond encouraging nursing educators to work full time; it lies in encouraging collaboration amongst practicing nurses to share their expertise as nurse educators.

According to Hinshaw (2001), when nursing enrollments started to increase, many nursing schools were not able to recruit full-time nursing educators because other nursing opportunities existed. The inability to recruit full-time faculty resulted in the increased use of part-time faculty. Hinshaw mentioned that the availability of qualified full-time nursing faculty is at risk because of the cumulative effect of two decades of freezing full-time faculty positions, a result of the decline in student enrollments in the 1980s and late 1990s. The AACN (2003) reported that despite a significant increase in entry-level baccalaureate nurses in 2003, more than 11,000 qualified applicants were denied admission due to the lack of faculty and clinical sites. Nurse leaders have had to create innovative ways to engage full-time nursing educators into the specialty.

Nursing leaders and stakeholders are tasked with the challenge of creating strategies to recruit and retain nurses. Clark (2002) suggested that the holistic professional community of nursing views the nursing shortage crisis as a transformational opportunity. Nursing leaders are called to practice leadership styles beyond transactional and servant leadership to transform the crisis associated with the shortage. Nursing leaders must find ways to generate solutions to the nursing shortage crisis from caring, respected, and ethical viewpoints (Clark, 2002; Wilson, 2006). Practicing nurses come to the nurse educator role for different reasons, and leaders may find it beneficial to understand these reasons.

<div align="center">Nature of the Study</div>

Research can be accomplished through quantitative or qualitative approaches. Quantitative research is an objective approach for describing trends and relationships among variables (Burns & Grove, 2001; Creswell, 2002). Qualitative research is a

subjective approach for describing shared experiences and eliciting their meaning (Burns & Grove, 2001; Groenewald, 2004; McCaslin & Scott, 2003). Quantitative research provides an opportunity to test hypothesis (Neuman, 2002), while qualitative research provides an opportunity to discover the shared meanings of individuals (Burns & Grove, 2001). The numerical framework of a quantitative study assumes that replication is possible (Creswell, 2002; Neuman, 2002), while the holistic framework and commitment of qualitative studies is to be true to the facts as presented in their uniqueness (Burns & Grove, 2001; Jacelon & O'Dell, 2005). A quantitative approach could be used in order to gain insight into the question, but the study focused on coming to know a phenomenon that was not fully explored. The qualitative method was the inquiry approach chosen for this study because the goal of the study was to discover a coherent picture of a specific phenomenon. The research focused on the meaning of the experience, not the frequency of a phenomenon or how variables were related to each other.

The five designs of qualitative method are biography, ethnography, case study, grounded theory, and phenomenology (Burns & Grove, 2001; McCaslin & Scott, 2003). Biography is a study of an individual's experience through his or her history (McCaslin & Scott, 2003) which was not suitable for the study because one individual experience is not enough to provide insight into the phenomenon. Ethnography is a study of a culture's group pattern of behaviors, beliefs and language as these develop over time (Creswell, 2002). Case study is a study of a case or issue and can be classified as a variation of ethnography (Creswell, 2002; McCaslin & Scott, 2003). Both ethnography and case study were not suitable for the study at hand. The time constraint was a limitation for the study to be approached from an ethnographic standpoint in which the investigator would have

to live or become a part of the cultural setting of a particular group of practicing nurse who were nursing educators. In addition, more than one specific perception would be investigated. Grounded theory is a study of a phenomenon where a theory explains the actions or process (McCaslin & Scott, 2003). Grounded theory was not suitable for this study because observations and development of practice-based intuitive relationships among variables were not emphasized. Phenomenology is a study of a phenomenon and an understanding of the experiences shared by a group of people (Barnard, McCosker, & Gerber, 1999). After comparison of the five designs of qualitative method, the phenomenological design was chosen to provide a structure for this study because of the unique perspectives offered by the participants.

Phenomenological research is focused on understanding a phenomenon from the perspectives of the individuals involved (Groenewald, 2004). Each individual has his or her own perspective of reality, and experiences are therefore, unique to each individual (Burns & Grove, 2001). Phenomenology is a means by which understanding of the questions being investigated can be achieved because it attempts to distill what is essential to an experience.

The goal of the study was to explore the phenomenon of the attractiveness of nursing academia to practicing nurses, and the research was focused on why practicing nurses choose to become nurse educators. Nurses who have pursued higher education to become nurse educators share the phenomenon of the attractiveness of nursing academia to practicing nurses. The use of a phenomenological approach allowed for reflection about the reality of the experience and revealed how the participants involved

conceptualized the experience. The data collected described the essence of experiences that were individual as well as collective.

The phenomenological approach is an effective research design to discover the meanings of complex experiences as lived by individuals (Burns & Grove, 2001). The attractiveness of academia to practicing nurses who become nursing educators is a complex experience. A phenomenological approach may reveal what is essential for the attractiveness of nursing academia to practicing nurses.

Research Questions

Some theoretical and conceptual frameworks guided this qualitative study. A phenomenological method is focused on describing the phenomenon by remaining true to the facts, as they appear (Groeneweld, 2004). The phenomenon of the attractiveness of nursing academia to practicing nurses who choose to become nurse educators is a phenomenon that is shared by individuals.

The study was designed to answer the following research questions:

1. Why are practicing nurses attracted to nursing academia?

2. How do practicing nurses perceive nursing academia?

3. How can nursing leadership achieve viable and sustainable recruitment and retention of nursing educators?

The first research question was an exploration of the factors that influenced the decisions of practicing nurses to become nurse educators. Valuable information about the perception of being a nurse educator addressed in the second research question might help nursing leadership in its recruitment and retention efforts, which was the focus of the

third research question. All three of the research questions addressed the importance of being a nurse educator.

Conceptual Framework

The broad theoretical framework for this study was Parse's man-living-health theory (Costello-Nickitas, 1994). Parse's theory helps with understanding the human perspective associated with being a nurse educator, which is a life choice. The life choice of becoming a nursing educator is a voluntary path chosen for reasons that appear to be unclear to nursing leaders. The process of choosing life goals such as becoming a nurse educator is complicated by the struggle to understand a person's values, personality, and beliefs. Individuals reach a point in their careers where change and the evaluation of their career development are important. The choice to become a nursing educator is a decision that requires careful thought. Multilevel factors such as family responsibilities and finances are involved in the decision-making process and affect an individual's personal and professional life (Borst & Jones, 2005).

This study falls within the research fields of healthcare, business, and social science. Organizational leadership and change models contributed to the conceptual framework. The organizational change and leadership models used in the fields of healthcare, business, and social science highlight important issues, perspectives, and controversies for the question under investigation.

The organizational theoretical framework of Mayo and Follett involve the significance of human and social factors such as feelings, perceptions, attitudes, and relationships in the workplace (Wren, 1994). Practicing nurses have feelings, perceptions,

and attitudes about being nurse educators. Understanding the relationships of these human and social factors may help nursing leaders hone recruitment and retention efforts.

According to K. Roberts (2005), the law of supply and demand dictates that a commodity in short supply, such as nurses, is made more valuable by its shrinking availability, and therefore, nursing educators should understand their worth. Practicing nurses, and specifically nurse educators, have the skills and the vision needed to transform the profession of nursing education (Clark, 2002; K. Roberts, 2005). Understanding the balance of resources and the value of a scarce commodity, namely, nurse educators, may assist nursing leaders with appreciating the current resources available to the profession.

The change component is as important as the human component in understanding the attractiveness of academia for practicing nurses who choose to become nurse educators. Proschaska and DeClemente's change model for readiness to change and Kotter's transformational change model are relevant to this study (Kerber & Buono, 2005; Prochaska et al., 2004; Walker, 2004). Proschaska and DeClemente's change model supports both an individual and a collective viewpoint for assessing the readiness for change (Prochaska et al., 2004; Walker, 2004). Practicing nurses understand the perceptions, values, and prior experiences that have had an influence on their decisions to become nursing educators. Nursing leaders appreciate that individuals are not at the same level when assessing their careers for change and have established a sense of urgency about the problem, created a guiding coalition, and developed a vision and strategy that correlates with Kotter's transformational change model (Kerber & Buono, 2005).

Senge's learning organization model is meant to be used as a response to the multi-layers and complexity of organizations that reflect the complexity of the nursing problem (Kezar, 2001). The transformational way of handling the problem of a lack of well-prepared nursing educators is to appreciate the complexities of the issue. The phenomenon of the attractiveness of academia to practicing nurses who choose to become nurse educators is multilayered. Different factors influence the overall picture when assessing the reasons for practicing nurses' attraction to nursing academia. Research is limited with respect to understanding this phenomenon.

Leadership is a conceptual framework, and the framework is important for explaining the perspectives and controversies. Hershey and Blanchard's situational leadership supports readiness as a key to change (Kest, 2006). A society or group of individuals who have prioritized their values and goals create an adaptable environment for change. Nursing leaders understand the priority of the problem (Bower & McCullough, 2004) but implementing the solutions may be beyond situational leadership frameworks.

Nursing leaders who use servant leadership in order to address the problem tend to focus upon support, information, and resources (Sarmiento, Laschinger, & Iwasiw, 2004). Support constitutes feedback while consistently evaluating the process and the outcomes of proposed solutions. Innovation to recruit and retain resources such as nursing educators was implemented in the past but does not appear to have been enough (Ledgsiter, 2003). The information from nursing leaders who have the power and expertise to drive the issues are viewed as hindrances or inadequate by healthcare executives and the nursing community (Clark, 2002; Hessler & Ritchie, 2006). The

intention of nursing leaders who are trying to address the nursing educator shortage is noble but has limitations.

The important issue is to create an innovative approach with respect to assisting nursing leaders in addressing the study problem. For example, educators reported moderate levels of empowerment in workplaces and moderate levels of burnout and job satisfaction (Sarmiento et al., 2004). Leadership approaches and practices help navigate the approach to the problem under investigation. Kanter's theoretical framework of the structural theory of power in organizations suggested that workers are empowered when they perceive that their work environment provides opportunities for growth and access to the power needed to carry out job demands (Sarmiento et al., 2004). Literature about nursing supported the finding that higher levels of empowerment are associated with lower levels of burnout and greater work satisfaction (Maraldo & Cowan, 1991; Seldomridge, 2004; Wieck, 2003). Practicing nurses who experience empowerment in the nursing educators' workplace are more likely to be attracted to nurse educator positions (Holloway, 2003). Fostering empowerment is a transformational approach to leadership.

According to Bass (1990), transformational leadership is "a systematic process consisting of purposeful and organized search for changes, analysis, and the capacity to move resources from areas of lesser to greater productivity to bring about a strategic transformation" (p. 53-54). Transformational leadership is logical and efficient: it encourages leaders to plan and organize so that the best product may be achieved. Transformational leaders are involved in coordinating and integrating activities instead of controlling and directing the work of groups (Wieck, 2003). Transformational leaders

also have a vision and a willingness to share power, which is referred to as "empowerment" (Wren, 1994, p. 384).

The success of effective leaders in using transformational leadership involves recognition of the organization's culture and allows followers to be partners in the process (Gonsoulin, Ward, & Figg, 2006; Kest, 2006). Practicing nurses are partners in the process of creating innovative solutions to the problem of the nursing educator shortage (Bellack, 2004). Practicing nurses are a vital part of the process.

Research shows that most transformational leaders evolve from transactional leaders (Kest, 2006). Nursing leaders view the shortage of nurse educators as a crisis. Deming's leadership model supported that top management must be involved in efforts to bring organization-wide changes at all levels of an organization's workforce and that involvement includes recruitment and retention (Maraldo & Cowan, 1991; Stinson, 2005). Recruitment and retention is a team approach that requires insightful consideration by nursing leaders who are partnered with practicing nurses in order to combat the shortage of nursing educators.

## Definitions

*Nursing educator or nursing faculty*. A registered nurse with a Master of Science in Nursing degree who is teaching potential registered nurses (Rudy, 2001; Sarmiento et al., 2004).

*Practicing nurse*. A registered nurse who is practicing in any clinical specialty associated with nursing. No specific specialty is excluded (Donelan, Buerhaus, Ulrich, Norman, & Dittus, 2005; Schuman, 2003).

Assumptions

The assumptions for the study were: (a) the participants would openly share their experiences, (b) the participants were the authorities with respect to the subject matter under study, (c) the participants would use their lived experiences as learning experiences to encourage practicing nurses to become nurse educators, (d) the participants knew that reality consisted of the meaning of their own lived experiences, and (e) the participants would appreciate the opportunity to share their valuable reflections and experiences.

The first assumption proposed that the participants would openly share their experiences because of their desire to provide meaningful data that could help contribute to a very critical issue in nursing education. The second assumption suggested that participants were experts in what they shared as they had lived the experience of a nurse educator. The third assumption could be a powerful tool for participants who might view involvement in the research as a way to pay back to their profession by providing encouragement to other practicing nurses to be involved in nursing education. The fourth assumption emphasized the importance of practicing nurses' lived experiences as nursing educators in their lives as nurses and as individuals. The fifth assumption may create a sense of pride in the nurses' ability to share an important component of their lives. All the assumptions were subjective and based on the interpretation of the value of the research to the participants.

Scope

The scope of the study was restricted to District of Columbia, Maryland, and Virginia. The intention was not to generalize the information based on the findings but to gather information about unique experiences in order to appreciate the essence of the

phenomenon of becoming a nurse educator. The location for gathering the data was restricted in terms of geographical location because this restriction allowed for a more accessible exploration of the data through one-on-one face to face interviews with the participants.

Limitations

The restricted geographical area of District of Columbia, Maryland, and Virginia was a limitation of the study. The sample was restricted to practicing nurses with at least a Master's of Science in Nursing degree who were nursing educators. Self-selection of the participants was a second limitation of the study; that only those participants with positive experiences would volunteer to participate was possible. The third limitation of the study was the recruitment of participants. The advertisement for the study included only area hospitals, nursing non-scholarly magazines, area colleges and universities, and word of mouth.

Delimitations

The delimitations imposed on the study met the purpose of the study, which targeted a specific population of practicing nurses. The population of registered nurses solicited was practicing nurses who were nursing educators with at least a Master of Science Nursing degree. The nursing educator who participated had to have had at least two semesters teaching experience in private or public schools that prepares registered nurses. University of Phoenix nursing faculty was excluded from the study because of possible conflict of interest.

Summary

In chapter 1, the overall nursing shortage and the shortage of nursing educators was discussed. The study was timely because the shortage of nursing educators is a crisis (Bargagliotti, 2003; Barron & West, 2005). The general issue of the shortage of well-qualified nursing educators and the specific problem of nursing leaders' lack of understanding of the attractiveness of academia for practicing nurses who choose to become nursing educators was outlined. The purpose of the study may help with understanding the phenomenon. The conceptual frameworks from several fields of study were incorporated in order to address important perspectives and controversies associated with organizations, change, and leadership.

In chapter 2, an in-depth analysis of the nursing shortage and the shortage of nursing educators is provided. Research about the factors that contribute to the shortage of the nursing educators is explored in more detail. The culture of nursing academia in relation to the motivation to return to higher education in order to become a nursing educator is discussed. Research findings and trends in nursing leaders' viewpoints about how practicing nurses perceive becoming nursing educators is also described.

CHAPTER 2: LITERATURE REVIEW

This chapter provides an in-depth review of the literature about the nursing shortage. The focus of the review was specifically on the nursing faculty shortage. In addition, research findings and trends associated with the image of the nursing profession, specifically nursing academia, and the recruitment and retention of nursing faculty was explored. Further discussed in this chapter is the culture of nursing academia as it relates to the motivation of nurses to return to higher education, the characteristics of nursing educators, and the leadership of nursing education. The above topics were integral aspects to consider when explaining and describing the reasons for the nursing faculty shortage. Nursing leaders have meticulously addressed the nursing faculty shortage and its influence about the overall nursing shortage.

The research topic was focused on the shortage of nursing educators that has had an overall effect on the nursing shortage. The significance of this topic was timely because a serious shortage of nursing educators is evident. Well-prepared nursing educators are required in order to support the production of competent and caring nurses and alleviate the problem of an aging nursing workforce. The key variable in this study was the attractiveness of nursing academia to practicing nurses. Nurse educators require a minimum of a master's degree to pursue teaching at accredited registered nursing programs, which means that nurse educators need to be motivated to pursue higher education.

The purpose of this literature review was to understand the overall nursing faculty shortage and assess if the current recruitment and retention strategies proposed and implemented by nursing leaders are sufficient to address the nursing faculty shortage. An

understanding of the attraction of practicing nurses to nursing academia may assist nursing leaders and healthcare executives in their efforts to recruit and retain nurse educators.

## Overview of Article Searches

A literature search about the topics associated with the nursing shortage and nursing faculty shortage yielded a substantial amount of demographic data. The topics researched that provided a moderate amount of information from scholastic journals and professional organizations were the following: (a) the image of nursing and nursing academia, (b) nursing faculty recruitment and retention, (c) nursing faculty mentorship, and (d) nursing faculty workplace satisfaction. These topics provided the foundation for the literature review. The following topics provided minimal information from scholastic journals and professional organizations: (a) characteristics of nurse educators, (b) motivation for higher education and nursing, and (c) leadership in nursing education. Each of these areas is addressed from the standpoint of the historical and more contemporary literature and represents views about the nurse faculty shortage.

A literature search for views of nursing and its history was initially explored in order to gain a global picture of the nursing practice and faculty shortage, and was used as a foundation for the subsequent searches about the image of nursing, the recruitment and retention of nurses, and the culture of nursing. The literature review yielded several overlapping themes that may facilitate an understanding of the overall nursing faculty shortage and an impetus for nursing leadership to address this issue.

Overview of the Nursing Profession

The central theme that surfaced when defining the profession of nursing was the presence and demonstration of nurses' caring for their clients (Cook & Cullen, 2003). The profession of nursing was developed out of wartime needs (Borst & Jones, 2005) and continues to have value in contemporary society. Conventional thinking supported the view that nurses, who are primarily women, care for the physical and emotional needs of their clients; however, men's entry into the nursing profession is a phenomenon that continues to be appreciated (Connolly & Rogers, 2005). The historical and contemporary overview of the nursing shortage and nursing faculty shortage is critical for understanding and shaping nursing leaders' desires to alleviate the nursing crisis.

*Nursing Shortage*

The nursing shortage has been in existence for years, but the current shortage is different because the healthcare business is rapidly changing and an aging population of nurses has exacerbated the crisis and is a critical factor that needs to be addressed (Gubrud-Howe et al., 2003; Lewallen et al., 2003; *SREB Study*, 2002). The changes in healthcare are attributed primarily to cost containment and the rise of technology. Moreover, the aging population of nurses means more retirements, which translates to fewer nurses who are available to meet the demands of today's rapidly changing healthcare system (Stevenson, 2003). Bargagliotti (2003) supported the view that global demographic changes are a big contributor to the current nursing shortage, and these demographic changes have had an impact on aging within the nursing profession as well as declining enrollments and difficulties with cost containment in healthcare and education.

Bower and McCullough (2004) advocated that despite the cost, the proliferation of technology provides opportunities to bring support to a limited number of nurses, which can potentially help alleviate the nursing shortage. Advances in technology can provide nurses with the tools and the skills to deliver quality care and compensate for the lack of nurses. Bower and McCullough further suggested that technology systems can be viewed as an advantage by nursing leadership to enhance nurse efficiency and satisfaction, although some literature continued to advocate that the recruitment and retention of physical bodies are more important for combating the nursing shortage (K. Roberts, 2005; Stevenson, 2003; Wieck, 2003).

An historical overview of the nursing shortage listed several factors that have lingered in the nursing profession and involve working conditions in the nursing profession, the passive and submissive culture of the nursing profession, a traditional view of nursing, and the systemic powerlessness of nurses in the healthcare system (Barron & West, 2005; Clark, 2002; Ledgsiter, 2003; Pfeil, 2003). These factors are addressed after an understanding of the nursing profession is formulated.

With the nursing shortage, nursing leaders and stakeholders are being challenged to create strategies to recruit and retain nurses. Clark (2002) suggested that the professional community of nursing views the nursing shortage crisis as a transformational opportunity for nursing leaders to improve the profession. Leadership models, such as those developed by Deming, support the view that top management must be involved in efforts to bring organization-wide changes at all levels of an organization's workforce, including recruitment and retention (Maraldo & Cowan, 1991). Recruitment and retention

is a team approach that requires insightful consideration by nursing leaders in order to combat the overall nursing shortage.

*Nursing Faculty Shortage*

Nursing academia requires well-prepared faculty who are more than educationally prepared. A well-prepared faculty must have the basic skills of teaching which includes, but is not limited to, course and curriculum development and testing and evaluation processes (Zungolo, 2002; Allison-Jones & Hirt, 2004). A well-prepared faculty must understand the healthcare environment and work collaboratively with a network of colleagues to meet the needs of the community at large (Tanner, 2002; Trossman, 2004). Well-prepared and qualified faculty has been difficult to recruit and retain due to the multiple challenges that nurse educators face.

Historically, nursing had experienced marked decreases in nursing enrollments, which had led to a decrease in faculty positions (Hinshaw, 2001). According to Hinshaw, when nursing enrollments started to increase, many nursing schools were not able to recruit nurse educators to full-time faculty positions because other nursing opportunities existed. The opportunities available for nurses who are drawing them away from faculty positions are consulting work and management positions (Seldomridge, 2004; Stevenson, 2003). The AACN (2003) reported that despite a significant increase in entry-level baccalaureate nurses in 2003, more than 11,000 qualified applicants were denied admission due to lack of faculty and clinical sites.

The issue of the nursing faculty shortage is at a crisis level (Hinshaw, 2005; Lewallen et al., 2003; Robinson, 2005). Several factors contribute to the nursing faculty shortage, including the aging of the faculty workforce, a decline in the number of

graduates from master's and doctoral programs during the past several years, intense competition from the service sector for master's or doctoral level nurses, faculty workloads, and role expectations (AACN, 2003; Bellack, 2004). The aging trend in the nursing faculty cannot be ignored (Schuman, 2003; Tanner, 2005). The shortage of nursing faculty members will limit student enrollments and decrease the number of student graduates (Hinshaw, 2001).

Nursing schools have difficulty finding nursing educators with advanced degrees (Williams, 2004). The U.S. Department of Health and Human Services, Health Resources and Services Administration (2001) emphasized that only 10% of the total nursing workforce is qualified at the master's or doctoral level, and this shortage will worsen. The norm for faculty teaching in baccalaureate and graduate programs is doctoral-level nurses, but master's level nurses are used to fill the gap (Hinshaw, 2001).

One of the factors that contribute to the lack of sufficiently qualified faculty may have to do with misconceptions about educators' roles (Robinson, 2005; Tanner, 2005). Some nursing leaders believe that the nursing profession devalues master's level faculty (Tanner, 2005). This misconception can be a strong contributing factor to master's level nurses' lack of desire to enter nursing academia. Furthermore, statistics gathered during the early part of the 21st century show that nurses graduating from master's and doctoral programs are not choosing an academic path because of other career opportunities that pay more (Lewallen et al., 2003). The lack of formal mentoring compounds the stress associated with the nursing faculty role and is another contributing factor to the lack of desire to enter academia. According to Seldomridge (2004), nursing programs are experiencing severe faculty shortages, and the shortages are expected to worsen. The

*SREB Study* in 2002 reported a 12% shortfall in nursing educators in all 16 SREB states and in the District of Columbia. The literature cited several recurring themes related to the nursing faculty shortage. Some of the recurring themes included "the aging professoriate, the employment of doctoral prepared nurses to clinical and private settings, workload and workplace concerns, unrealistic role expectations and a diminished pipeline of students preparing for faculty positions" (Gazza & Shellenbarger, 2005, p. 251). The effort to understand the above recurring themes may provide a foundation for assisting nursing leaders in their quest for solutions to a crisis of immense magnitude in nursing.

The faculty census survey conducted in 2002 by the National League for Nursing of registered nurses and graduate programs of all types estimated that 1,106 budgeted, full-time faculty positions nationwide had not been filled (Trossman, 2004). Data collected by the SREB Council on Collegiate Education for Nursing showed that in the 2000-2001 academic year, only 28 doctoral graduates and 209 master's graduates completed their formal presentations as nurse educators, and 432 positions for nurse educators remained unfilled (*SREB Study,* 2002). The AACN (2005) reported a national nursing faculty vacancy rate of 8.1%. Many nurse educators have either resigned or retired. In the institutions surveyed in the southern region, 971 nurse educators were without the minimal credentials for national accreditation (*SREB Study*, 2002). This is a serious concern.

According to K. Roberts (2005), the law of supply and demand dictates that a commodity that is in short supply, such as nurses, is made more valuable by its shrinking availability, and nursing faculty should understand their worth. Nurses, specifically nurse educators, have the skills and the vision needed to transform the profession of nursing

education (Clark, 2002; K. Roberts, 2005). Nurses, however, appear to postpone their desires to enter graduate school in order to hone their clinical experience and defer the cost of graduate school (K. Roberts, 2005). Nursing faculty's salaries are not comparable to nurses in the clinical setting, so nurses choose to remain in clinical practice even after obtaining higher degrees (Bonnel & Starling, 2003; Gormley, 2003; K. Roberts, 2005). The need for well-prepared and qualified nursing faculty is a critical and multifaceted problem that needs to be addressed by nursing leaders and stakeholders who want to protect education for the nursing profession.

## Current Findings and Trends

Wieck (2003) suggested that nursing fails to attract a potential population that can assist with the overall nursing shortage. The American Nursing Association (2001) reported that 57% of working nurses said that they would not recommend nursing to their own children, and 23% of nurses say they actively try to discourage people close to them from choosing nursing as a profession. Wieck further enumerated that the reasons for hesitating to recommend nursing includes long work hours, lack of professionalism, lack of support and feedback from supervisors, and lack of adequate compensation. The current nursing workforce crisis is exacerbated when practicing nurses do not promote nursing as a viable profession. The nursing shortage, and specifically the nursing faculty shortage, involves more than economics; it involves the value and stance that the profession portrays to the public (Clark, 2002).

*Image of Nursing*

The image of nursing has changed over time. Nurses in the Nightingale era were viewed as "attendants of the sick" and "teachers of hygiene," whereas nurses in

contemporary society assume roles that are more diverse in a complex healthcare system (Yam, 2004). Nursing, as a traditionally female profession, was characterized as a submissive and obedient culture although this image has been changing to a culture that fosters advocacy and critical thinking (Castledine, 2002; Ledgsiter, 2003). The work of women, and by virtue of that the nursing profession, is often devalued, unrecognized, ignored, and unmeasured in terms of merit, so nursing owes it to nurses to bring nursing into the forefront in terms of the profession's contribution to society (DeMarco et al., 2004).

According to Fitzpatrick (2002, p.6), "every nurse controls the image of nursing". The "handmaiden" image of nursing has served to create an ongoing cultural environment of powerlessness that the nursing profession has been trying to overcome because it serves as a barrier to successful professional leadership (Ledgsiter, 2003). Nursing has not been viewed as an attractive profession from its inception, and this perception has led to recruitment problems up to and including the present. From a retention standpoint, nurses report frustration and disillusionment with their careers (Stevenson, 2003). Some of the frustrations and disillusionment include unsafe working environment, inequitable compensation in relation to workload, and unprofessional behaviors of colleagues (Barron & West, 2005; Stevenson, 2003). Although certain literature pointed out that the public has long held a positive image of nursing, nurses themselves doubt the favorable image of nursing (Clark, 2002; Donelan et al., 2005).

*Image of the Profession of Teaching*

Professions that are viewed as traditionally female, such as nursing and teaching, have been consistently devalued, limiting the achievement of rewards (DeMarco et al.,

2004). Nurses can redefine success by emphasizing their personal satisfaction in their work. Nurses in academic practice interpret complex theoretical language into reality-based experiences and create opportunities for sharing ideas related to the development of research efforts and curricula that celebrate the value of the nursing educators' work. Nursing educators have an obligation to provide support to nursing students and to seek a better student-teacher relationship because they are emulating what good faculty is about (McGregor, 2005). Nursing education is about preparing a well-educated and skilled workforce (Doutrich, Hoesksel, Wykoff, & Thiele, 2005; Leuner, 2003), and this is an obligatory commitment by all nurse educators.

The misleading stereotypes offered in nursing academia such as low salary and the superior image portrayed by nurses in nursing academia in contrast to their counterparts in the clinical area (Gormley, 2003; Borst & Jones, 2005) can be turned around so that these images convey an exciting profession in nursing academia. This strategy may also help efforts to alleviate the nursing shortage (A. Smith, 2002). Smith further proposed that efforts be made to change the perceptions of the nursing profession in the eyes of high school students in order to fill the pipeline with future nurses and that efforts be made to change the work environment in academia in order to reduce dissatisfaction and improve retention. These efforts are considered long-term fixes. The dilemma continues, however, because professional nursing appears to be less attractive to the younger generation (Wieck, 2003).

Some literature supported more positive views of nursing academia (Doutrich et al., 2005; Hinshaw, 2001; Leuner, 2003) and these expectations appeared to be higher for individuals in a teaching profession (Hinshaw, 2001). Hinshaw also proposed that

individuals in the teaching profession who are nurses be trained to shape and contribute to the professional and scholarly expertise of their profession.

<center>Recruitment and Retention of Nursing Faculty</center>

The issues affecting the supply of faculty are multi-facet, therefore, research that explores the attraction of nurses to nursing academia is important. The increase in employment opportunities for women outside of nursing has also affected the profession (Stevenson, 2003). Recruitment and retention efforts may need to involve non-traditional methods as well as project an image of nursing that attracts people to the profession (Falk, 2007; Kevern, Ricketts, & Webb, 1999).

Projected nursing faculty retirements and resignations have led to estimations that approximately 33% of the nursing faculty will need to be replaced in the next decade (Berg & Shellenbarger, 1998). The literature supported the view that nursing education is continuously transforming and that it should not only look at applicants who demonstrate significant predictors of academic achievement in nursing but also those who will be motivated to stay in the profession longer (Castledine, 2002; Cook & Cullen, 2003; Johnson-Crowley, 2004; Speziale & Jacobson, 2005). Recruitment and retention plans should involve a systems approach that involves the sharing of resources that will decrease the duplication efforts and increase the number of creative ideas (Leuner, 2003; Pinkerton, 2002; Task Group, 2005). The National League for Nursing supports a task force that focuses on the recruitment and retention of nurse educators. This support includes the development of position papers which outline viewpoints on nursing faculty shortage issues and the ongoing evaluation of recruitment and retention programs through surveys (Task Group, 2005; Donelan et al., 2005).

The literature supported the view that the nursing workforce should be encouraged, through formal programs, to be involved in the education of nursing students (Wittmann-Price & Kuplen, 2003). Nurses should be encouraged to help develop and resolve clinical and cultural issues that are present in current professional practice. The relationship of a formal nursing educator and a potential nurse should also be cultivated because this can bring about potential recruitment efforts.

The literature suggested that potential nurses might have second thoughts about nursing because of the expansion of career choices and higher salaries in other professions (Barron & West, 2005; Godfrey, 2005; D. Smith, 2002). Nurses are evidently also thinking twice before investing in higher education because many options in nursing exist that pay more and do not require a higher education, such as working in the hospital and clinics. Workplace discontent among the nurses in academia and feeling overburdened with teaching are additional factors that contribute to nurse educators leaving teaching (Sarmiento, et al., 2004). These factors have negative effects on the image of nurse educators for potential nurse educators.

Some of the literature that focused on the nurse educator shortage were approaches to the retention and recruitment of nurse educators, and called for innovation in nursing education (Tanner, 2002). The innovation is about perspectives for attracting current nurses who are obtaining higher education for clinical practice and blending their education to provide educator experience. According to Starling (2003, p.2), "a skilled clinician is not automatically a skilled educator". The task of creating programs for recruitment and retention must, therefore, involve efforts to understand the needs of potential nurse educators.

The literature review presented multiple perspectives about recruitment and retention efforts, as well as factors that are barriers to retaining nurse educators. Recruitment efforts have been focused on developing a positive image, recruiting at a younger age, ensuring seamless basic and advanced nursing preparation, and seeking sources of financial-aid support for students from admission to graduation. Retention efforts have also focused on enhancing the work environment and providing support for faculty (AACN, 2003). In addition, collaboration with the local community and other professional organizations has been a step towards positive recruitment and retention efforts (AACN, 2003). Nursing community leaders emphasized that a need exists to understand what it will take to alleviate the nursing educator shortage with the limited resources available.

*Mentorship*

Nurses recognize the value of mentoring but successful outcomes of mentorship are reported on a limited basis by healthcare agencies (Grindel, 2004). According to Grindel, literature is lacking with respect to studies that report outcomes for nursing mentorship programs. Mentoring is about relationships that are nurtured throughout the year by knowing the concerns of faculty (Berg & Shellenbarger, 1998). Mentoring is a two-way process that evolves between nursing leadership and new or seasoned members of faculty. Structured programs can enhance retention and recruitment, but organizational commitment to the program is the most critical factor for success in mentoring programs (Grindel, 2004).

Some literature supported the fact that mentors have a substantial role to play in assisting their students to commit to a career-choice decision (Grindel, 2004; Shapiro &

Blom-Hoffman, 2004). According to Shapiro and Blom-Hoffman, the three variables

considered as critical components for students selecting an academic career are

mentoring, modeling, and money. Mentoring a graduate student or a new faculty member

about faculty life is more than an enticing proposition; mentoring is also an avenue to

socialize the student or the new faculty member into a rewarding career (Holloway, 2003;

Shapiro & Blom-Hoffman, 2004). Mentorship can be rewarding because it shows a

student or a new faculty member that knowledge development partnered with a caring

attitude can produce a career for a lifetime. Mentorship programs require mechanisms

that demonstrate a diversity of research-rich and clinical-rich environments. Mentorship

is about empowering a student or a new teacher about what academic life has to offer

(Holloway, 2003). A good mentor is trained to promote a mentee's feelings of

competence through collaborative and inquiry-oriented activities (Holloway, 2003;

Johnson-Crowley, 2004: Swearingen & Liberman, 2004). A good mentor has empathy,

patience, knowledge, respect, and flexibility in promoting a meaningful and informative

relationship.

*Workplace Satisfaction*

Evidence in the literature suggested that job satisfaction can make a difference

with respect to keeping qualified workers on the job, but little research has been

conducted with respect to nursing faculty (Gormley, 2003). The literature indicated that

nurses find their workplaces chaotic and feel powerless to change their workplaces, have

increasing concerns about increased workloads, believe that nurse managers influence

their perceptions of their jobs, and perceive minimal commitment on the part of the

leadership to prepare the workforce adequately (Bargagliotti, 2003; Donelan et al, 2005; Xu & Kwak, 2005).

According to Sarmiento et al. (2004), nurse educators reported moderate levels of empowerment in the workplace and moderate levels of burnout and job satisfaction. Kanter's theoretical framework emphasized that workers are empowered when they perceive that their work environments provide opportunities for growth and access to the power needed to carry out job demands. The literature about nursing supported the view that higher levels of empowerment are associated with lower levels of burnout and greater work satisfaction than the nursing profession is attempting to attain (Maraldo & Cowan, 1991; Seldomridge, 2004; Wieck, 2003; Wilson, 2006).

Workplace performance has positive effects on nurse educators who are more satisfied with their jobs and who engage in their work with greater joy and accomplishment through their academic careers (Sarmiento et al., 2004). Mathews (2003) proposed that nurses who have a passion for clinical practice might consider passing that along to students through their roles as learning facilitators. According to Bellack (2004), increasing the number of potential new nurse educators is equally as important as exploring the possibilities for retaining seasoned faculty. Nursing leaders support this view (Arruda, 2005; Falk, 2007).

The work environment of the nursing faculty in universities and colleges is rarely viewed as important as the work environment in clinical areas such as in hospitals or clinics (Rudy, 2001). Moreover, the expectations that nursing faculty meet academic requirements and maintain their commitments to competence in practice are more rigorous. Nursing faculty is expected to teach, practice, publish, and do research. These

expectations can be overwhelming, especially for new faculty. Nursing faculty leadership must make their expectations clear and advocate for workplace environments that foster growth and development. This can eventually contribute to a positive academic environment.

<div align="center">Culture of Nursing Education</div>

The culture of nursing education has evolved over time. Nursing education has created sets of standards and norms that are considered foundational to the culture. Nursing leaders seek ways to understand this evolving culture in order to have a better appreciation of the needs of the profession. The culture of nursing education includes issues such as the value of higher education in the profession, the characteristics of nursing educators that influence the profession, and the leadership of nursing education, all of which help develop the profession (O'Connor, 2002). Sometimes, nursing leaders have to create a new culture in order to adapt to the changes in healthcare and address the needs of the community.

*Motivation to Return for Higher Education*

Donley (2005) reported that approximately 2.8 million registered nurses live in the United States and that 80% of these registered nurses practice nursing; 95% of these nurses are female, 12% come from minority backgrounds, 59% work in hospitals, 32.3% have baccalaureate degrees, 7.3% have master's degrees, and 0.6% hold doctorates. Teachers with a master's level degree have a mean age of 48.8, while doctoral-level teachers have a mean age of 53.3 (AACN, 2003). The adequacy of the numbers of faculty qualified for schools of nursing is a serious concern (Simmons, 2003; Zungolo, 2002). Historically, the development of higher education in nursing included an option at the

graduate level to emphasize the teaching of nursing, and the faculty-role opportunity in advanced practice shifted from an emphasis on graduate education to the refinement of the clinical role. Data from the 2000 National Sample Survey of Registered Nurses estimated that 39% of registered nurses employed in nursing held baccalaureate or master's degrees in nursing (AACN, 2003).

Understanding the strategies to attract nurses to pursue higher education and enter nursing academia is a difficult task. Knowledge of how to attract nurses to become educationally qualified to become nursing faculty is a critical tool for leaders in the healthcare and business arena. According to Bargagliotti (2003), nurses choose experience before education, which is a philosophy worth understanding.

Diekelmann and Gunn (2004) explained that most nurses view going back to school as a personal gain and becoming a teacher as experiential. Nurses may not want to subject themselves to something that is less concrete. A constructivist model of encouraging nurses to become confident in a teacher's role is supported by current educational research (Johnson-Crowley, 2004). The literature suggested that very little information exists about what nursing academia has done to explore why so few graduates are pursuing teaching as a career. Although a study in the late 1980s suggested that many nursing students begin their graduate studies with a desire to teach, they are socialized out of their desire by the time they obtain their doctoral degrees.

Nursing leaders must address the faculty development role in order to cultivate nursing faculty (Johnson-Crowley, 2004; Zungolo, 2002). Members of nursing faculty require professional development, mentoring, and institutional encouragement to socialize themselves into this role (AACN, 2003). Tanner (2002) suggested that nursing

schools that offer higher education in nursing must provide opportunities for aspiring academics to develop the knowledge and skills needed for good teaching. Nurse educators need to be developed into scholars and researchers that can impart improved learning outcomes.

*Characteristics of Nursing Educators*

Nursing is about caring. Nursing educators serve as role models of caring, which stresses the importance of concern for the client (Cook & Cullen, 2003). The client in nursing education is the student pursuing a career in nursing. The welfare of the nursing student is of primary importance in the profession of teaching. Nursing education involves one human being cultivating and helping another; this is the notion of humaneness that has been traditionally associated with nursing (Chou, Tang, Teng, & Yen, 2003).

Nursing is about giving. Florence Nightingale believed that appreciating an individual's desire to give is the key to opening up people's sense of purpose and releasing the person's talents (Castledine, 2002). Castledine further suggests that nurse educators have confidence that they are making a difference in the lives of others, such as the competent nursing student who will succeed. People who have become self actualized wants to help other do the same (Arruda, 2005). Nursing educators want to give back to students to help them achieve self-actualization. In addition, nursing educators use modeling theory, which is the basis for leadership decisions, to achieve this goal.

Nursing is about autonomy. Nursing faculty consider participation in administrative decisions and autonomy as important characteristics that can offer satisfaction in the faculty workplace (Gormley, 2003; Sarmiento et al., 2004). Autonomy

is also about being able to appreciate that learning is part of teaching and describes a situation in which faculty continuously challenges the foundation for nursing education and its assumptions (Diekelmann, 2005).

Nursing is about empowerment. Nursing faculty members are change agents whose responsibility to their students is to impart high levels of knowledge and safe practices (Maraldo & Cowan, 1991). Nursing faculty members can develop students' self-esteem and provide them with the skills needed to survive in the rapidly changing world of healthcare.

*Leadership of Nursing Education*

Nursing education leaders have taken the initiative to understand the factors surrounding the current nursing faculty shortage by using the theoretical perspectives in professional nursing to guide their leadership behavior (Arruda, 2005; O'Connor, 2002). The Council on Collegiate Education challenged nursing educators to reflect on their current practices and discover new ways to redesign the nursing education workforce (Gubrud-Howe et al., 2003; SREB, 1998). Faculty work can often be perceived as working in isolation when, in reality, faculty work is about working in an integrated network (SREB, 1998).

A nursing educator can be a leader in promoting learning. Nurse educators seek innovative ways to train qualified nursing educators and to maintain their enthusiasm in a challenging environment (McCullogh, 2003; Wilson, 2006). Frequent dialogue is a critical component of leadership in nursing education in order to promote a proactive stance. Nursing educators are flexible leaders who understand interdependence, connectedness, trust, empowerment, and collaboration (Sarmiento et al., 2004).

Leadership understands that a power exists in community participation and collaborative decision-making, and in incorporating these perspectives in education and practice.

Nursing leadership's concerns with the quality of nurse educators they produce despite the nursing faculty shortage is important. In the end, nurse educators may have to concern themselves with their own training because they may question their ability to provide students with the knowledge and skills to function effectively in a rapidly changing healthcare environment (Bankert & Kozel, 2005; McGregor, 2005). According to Morin and Kirschling (2004), leadership development within the nursing education profession is not only timely but also critical.

Leadership means different things to different people, but leadership in nursing education does not necessarily equate to particular high-level positions such as deans or department heads. Kerfoot (2003) suggested that a leader is a teacher and a learner who learns from everyone in the organization. Nurse educators are leaders who can inspire and motivate people to crave knowledge and to grow into better people. The literature suggested that nursing education is about caring, giving, and empowerment (Lewallen et al., 2003; McCullogh, 2003).

The leadership of nursing education may be viewed in terms of a servant leadership model where the teacher and learner are involved in building an infrastructure together so that each partner can grow, and tools are provided to have many learning and teaching moments (Williams, 2004). According to Swearingen and Liberman (2004), servant leaders are willing to share power through commitment. A nursing educator is a leader with a servant's heart who moves outward to serve others through mentoring and modeling. Some of the literature argued that despite the caring philosophy of nursing

education, some nurse educators struggle to adopt that caring philosophy and that this can be detrimental to the recruitment and retention of potential nurse educators (McGregor, 2005).

Conclusion

The scope of the literature review offered demographic information that provided an overview of the nursing faculty shortage in relation to the overall nursing shortage. The literature cited two influential factors that affect the supply of nursing educators: the aging workforce and workplace satisfaction (Gazza & Shellenbarger, 2005; Robinson, 2005; Tanner, 2005). The overall information presented about the nursing faculty shortage demonstrated that the profession is taking a proactive role in trying to alleviate the crisis (Gubrud-Howe, et al., 2003; Lewallen et al., 2003; *SREB Study*, 2002).

The literature review revealed reports and research about an abundance of recruitment and retention efforts, but did not sufficiently address the evaluation of the efforts implemented in relation to the nursing faculty shortage (Falk, 2007; Kevern, et al., 1999). Nursing leadership wants to understand what works and does not work (McCullogh, 2003). Nursing leaders are very eager to implement strategies to recruit and retain nurse educators, but the literature did not offer enough information about the evaluation and efficacy of the strategies implemented. The trends support mentorship and alleviating workforce dissatisfaction as overall preferences for recruiting and retaining nurse educators. These two strategies need to be taken a step further for the purposes of creating a stable nurse educator workforce.

The literature review provided minimal information about how to understand the deficiency in the numbers of well-prepared nurse educators who can replace the resigning

and retiring nursing faculty (Falk 2007; Wilson, 2006). The literature explored the role of the image of nursing with respect to recruiting nurse educators, but gaps exist in the literature with respect to understanding what nurses find appealing about becoming educators (Wittmann-Price & Kuplen, 2003). The community of nursing educators has unique needs that can be satisfied when nursing leadership pays attention to this dedicated group of nurses who are invested with the task of producing caring and competent nurses.

<div align="center">Summary</div>

Leadership in nursing education is about actively taking the risk to create a caring environment that is nurse-educator driven (Bankert & Kozel, 2005; Lewallen et al., 2003; McCullogh, 2003; Sarmiento et al., 2004). Recruitment and retention efforts appear to be insufficient for sustaining the growing need for well-prepared and qualified nursing educators (Kevern et al., 1999). A proactive stance with respect to creating a body of knowledge and an understanding of why and how nurses are attracted to becoming nurse educators is a necessity. The limited body of knowledge available suggested that motivating factors exist that underlie the choice to become a nurse educator. The study inquiry may be able to provide a list of factors that help understand what draws nurses to the teaching profession.

Chapter 2 provided an in-depth review of the literature about the nursing shortage, specifically focusing on the nursing faculty shortage. In addition, research findings and trends associated with the image of the nursing profession, specifically nursing academia, the recruitment and retention of nursing faculty, the culture of nursing academia as it

relates to the motivation of nurses to return to higher education, the characteristics of nursing educators, and the leadership of nursing education was explored.

The next chapter presents the research method, research design, population, sample, sample design, validity, reliability, appropriateness of the design, and the data analysis. The details about the choice of the research method and design, along with the careful plan for analyzing the data, are addressed and the selection of the population and sample, and the validity and reliability explored.

CHAPTER 3: RESEARCH METHODS

The purpose of this qualitative study was to understand the phenomenon of the attraction of practicing nurses to nursing academia. The experiences of practicing nurses involved in nursing academia are unique to each individual. The study focused on exploring practicing nurses' experiences in the teaching profession. The body of knowledge gathered may provide nursing leadership with some insights to further recruit and retain nurse educators. In addition, the nursing profession may use the body of knowledge to attract practicing nurses and educate future nurses who can help alleviate the current shortage of nurse educators.

This chapter describes the research method, research design, population, sample, sample design, validity, reliability, appropriateness of the design, and the data analysis. The details about the choice of the research method and design as well as the careful plan for analyzing the data were addressed. The validity and reliability of the analysis reflects an honest attempt to ensure the credibility of the study. The selection of the population and sample reflected the purpose of the study.

Research Method and Appropriateness

Qualitative research is an inquiry approach to a problem that requires deeper analysis (Burns & Grove, 2001; Groenewald, 2004; McCaslin & Scott, 2003). Some of the goals of qualitative research, depending on the method adopted, include discovering the meaning of people's lived experiences, discovering a theory, and experiencing a different culture (Vivilaki & Johnson, 2008). Qualitative research opens the opportunity to discover meanings that may not be obvious; hence, qualitative methodologies provide

an important contribution to documenting the experiences of those facing a phenomenon (Vivar, 2007).

A qualitative approach provided deeper analysis of the key components of the variables under study as compared to the quantitative approach. The concepts in qualitative research are in the form of themes instead of distinct variables (Neuman, 2002), which ensures the study as exploratory. A qualitative approach provided unique sets of information that were categorized in order to organize the data. The intent of a qualitative approach is to create ideas after the data is gathered (Creswell, 2002). The qualitative method focuses on issues, and the results are not gathered with the intent of performing statistical analyses (Jacelon & O'Dell, 2005; Neuman, 2002).

A qualitative approach provided an open structure for exploring participants' thoughts, feelings, and values with respect to their attraction to nursing academia. A qualitative study can offer honesty and candidness with respect to the expression of participants' beliefs about nursing academia. The use of a qualitative approach for this study was appealing because of the depth of the stories and reflection that were involved. In contrast, the use of a quantitative approach would have limited the capacity to explore the phenomenon under study. A quantitative approach is focused on definite relationships of variables and tests hypothesis, whereas a qualitative approach is focused on identifying unique sets of information (Creswell, 2002; Jacelon & O'Dell, 2005). A quantitative approach identifies a clear direction of a study while a qualitative approach seeks to understand participants' experiences (Clarke & Iphofen, 2006; Vivilaki & Johnson, 2008). A qualitative approach was deemed appropriate because the study focused on identifying unique sets of information and sought to understand participant's experiences.

Research Design and Appropriateness

Phenomenological research design is an attempt to understand phenomena from the perspectives of the individuals involved (Groenewald, 2004). The reality of the experience is assumed to be subjective and differs from participant to participant (Burns & Grove, 2001). The phenomenological approach allowed for an understanding of meaningful relationships that are obvious in the original description of the experience, and the approach inquires deeper into any vague descriptions (McCaslin & Scott, 2003). This type of qualitative research may assist with a deeper understanding of the phenomenon.

The goal was to explore the phenomenon of the attraction of practicing nurses to nursing academia. Practicing nurses with at least a Master of Science in Nursing who were at the time of the study in nursing academia were the participants. These practicing nurses shared the phenomenon of the attraction for nursing academia. The use of a phenomenological approach facilitated inquiry into the reality of the experience and highlighted the concepts participants used to organize their thoughts about nursing academia (Groenewald, 2004). The data collected helped to describe an individual as well as a collective picture of the issue under study.

Phenomenological research is an effective design for discovering the meanings of a complex experience as lived by individuals (Burns & Grove, 2001). The attraction to nursing academia by practicing nurses is a complex experience. Most nursing leaders are mystified by aspects of the phenomenon that this study revealed (Clark, 2002; Lewallen et al., 2003).

A phenomenological design was chosen as opposed to the other types of qualitative designs for several reasons. First, the study was not designed to emphasize observations or the development of practice-based intuitive relationships among variables, which would favor a grounded theory design. Second, the study was not approached from an ethnographic standpoint in which an investigator lives with or becomes a part of the cultural setting of a particular group of practicing nurses who are nursing educators for a prolonged period due to time constraints. The phenomenological design exposed the meaning of the lived experiences of the participants' attraction to nursing academia.

<div align="center">Population</div>

The population under study was practicing nurses who were in nursing academia in the District of Columbia, Maryland, and Virginia areas. District of Columbia, Maryland, and Virginia are three geographical areas in close proximity to each other and nurses often cross territorial boundaries to practice. The inclusion of the three geographical areas provided a wider selection of participants.

In order to be included in the sample, the practicing nurses must have had at least a Master of Science in Nursing and, at the time of the study, be teaching in a registered nursing program at any level of the program, including associate's, diploma, bachelor's, or master's levels. Participants were not selected for age, gender, race, and ethnicity. In addition, participants were not limited to their area of employment, such as private versus public institutions.

Sample

The sample size was 20 participants. This sample size was large for a qualitative study. The intention was to explore as much as possible. A sample size of 20 was manageable and allowed in-depth meaningful data to be gathered (Onwuegbuzie & Leech, 2005; Slekar, 2005). The goal of selecting a sample size of twenty was to have a range of participants who could present detailed descriptions of the phenomenon under inquiry (Seidman, 2006). Another goal was to ensure *saturation* of the information about the phenomenon, or ensure no new information was being revealed that was specific to the topic of inquiry (Devane, Begley, & Clarke, 2004; Seidman, 2006).

The main characteristics of the sample include practicing nurses who met certain educational and practical requirements. All the participants must have met the following educational requirements: participants must have had at least a Master's of Science in Nursing. All the participants must have taught in a nursing school for at least two semesters. The setting where participants worked was not limited and included private schools and public schools.

Participants were selected from a volunteer pool through advertised solicitation and a snowball approach. This convenience sampling strategy was chosen to provide useful information for answering the questions of study. The snowball sampling approach assisted in finding eligible participants for the study. The sources of solicitation were nursing area hospitals, local colleges and universities, and non-scholarly nursing-type magazines. The advertisement used read as follows:

I am looking for registered nurses who have been teaching in nursing schools for

at least two semesters to participate in a doctoral-level research study. A

compensation of $75 will be provided after participation in the study. Please call

(phone number) or email at (email) for further information.

In addition, the volunteer pool of participants was encouraged to refer potential

participants to the study.

After potential participants had been selected, an initial contact by phone or email

was made to determine the eligibility of the participant for participation. The initial

contact offered the opportunity to explain the research project to participants and obtain

verification of their eligibility to participate in the study. The following script was used at

the initial contact after the introductions were completed:

Thank you for responding to the advertisement to participate in this important

research project. Briefly, I want to tell you about the purpose of the research

study, which is to explore the attraction of nursing academia to practicing nurses.

Before I explain the research study further and allow you the opportunity to ask

questions, I would like to ask you some questions to determine your eligibility to

participate. Are you a registered nurse with at least a Master of Science in

Nursing? (answer.) Are you currently teaching at an institution that graduates

registered nurses? (answer.) Have you taught for at least two semesters? If yes,

how long have you been teaching? (answer.)

If the potential participant answered yes to all three questions, the participant was

considered eligible to participate. The initial contact helped set a foundation for the

interview relationship (Seidman, 2006) by eliciting some basic contact information (see

Appendix A) from the participants and allowing participants an opportunity to ask

questions about the research. The following script was used after participants had been screened and determined eligible for the study:

> You have met all the criteria for inclusion in this important research project. Now, I would like to take the time to ask you some basic contact information. (answers) You will be receiving a packet in the next few days that will include information about the actual research, an informed consent form, and contact information. Please take the time to read all the information and if you have any questions, please feel free to call me at (phone number) or email me at (email address). I am looking forward to your participation in this research study. Do you have any particular questions I need to answer for you at this time and prior to you receiving your packet? I will check with you in a few days to make sure you have received the packet and answer any further questions you have. Thank you for your time and interest in the research.

All the potential participants were screened and those not eligible for participation in the research received a thank you letter (see Appendix B). All eligible participants received a packet via first class mail or email based on their choice of communication. The packet included a welcome to the research project letter (see Appendix C), an informed consent form (see Appendix D), contact information (see Appendix A), and directions to complete the written reflections (Appendix E).

<div align="center">Informed Consent and Confidentiality</div>

The informed consent described the purpose, the procedures, the benefits, the risks, issues associated with confidentiality, the procedure for withdrawal, and the financial compensation of the study. The consent form also explained methods for

addressing participants' questions before, during, and after participation in the research. The informed consent form was sent to the participant after the initial contact for eligibility was completed. The participants returned the informed consent form in the self- addressed envelope or through email correspondence.

The confidentiality of the data gathered was maintained. The information gathered during this study was kept in a locked cabinet at the investigator's home as stipulated by the federal guidelines (University of Phoenix, School of Advance Studies' 2007), which is 3 years after the approval of the dissertation project. The audio tapes did not have any identifying names of participants. Codes were used to identify tapes for the individual interviews. The participant's names were not available to anyone. The data that was collected electronically was password protected by the researcher. The results of the study were published in the form of a dissertation and may be published in a professional journal or presented at professional meetings. The results do not identify any participants and were published in aggregated form.

Data Collection

The data collection occurred in two phases. The first phase constituted a written reflection from each participant; the second phase constituted a one-on-one, face-to-face interview method. The interview portion of the data collection was audio taped and was no longer than 90 minutes. The length of time for interviews was chosen in order to provide ample time for reconstruction and reflection on thoughts on the part of participants. A specified length of time for interviews can minimize undue anxiety on the part of both participants and the interviewer (Seidman, 2006).

The participants were asked to write a description and reflect upon their experiences as practicing nurses in nursing academia. The focus of the written reflection were based on the following guided questions: (a) discuss the factors that contributed to your decision to pursue work in nursing academia, (b) discuss the factors that contribute to your continued desire to work in nursing academia, and (c) discuss the factors that may contribute to your consideration of leaving work in nursing academia. The participants completed the written reflection on their own time. Participants were offered a choice about whether to write their reflection on paper or type it into a computer. Participants were asked to return the written reflection in the self-addressed envelope provided in the welcome packet or in a Word attachment via email. After the completion of the first phase, participants' attendance in the second phase of the data collection was confirmed. Participants were encouraged to complete the written reflection within 10 days upon receipt of the research packet. Some participants took longer than 10 days to complete because of their personal and/or work schedule.

The second phase of the data collection was a face-to–face, one-on-one interview. The purpose of the interview is to further gather perceptions of the phenomenon under study from individual participants (Burns & Grove, 2001; Creswell, 2002). The goal of the interview was to gather the best information about specific perceptions from individual participants. Participants were given a choice of days and times to participate in an interview. Each participant had their interview in a private setting of their choice.

The location of the interview was at a private setting at the convenience of the participants.  The choices of the location for the interview were at one of University of

Phoenix's Northern Virginia campus locations, participant's private home or work office,

or a private study room in one of the local libraries. The informed consent to use the

premise for University of Phoenix Northern Virginia campus locations is in Appendix F.

The other sites did not require any informed consents. The above sites were chosen

because of the convenience of the location to the participants and the appropriate nature

of the location, which involves a professional setting like an office or meeting room

space where privacy was maintained and distractions were minimized. The participant's

individual choices of sites in collaboration with the researcher satisfied these

requirements.

Twenty-one participants who inquired about the study were eligible and

volunteered, but one of the participants withdrew her participation from the study before

submitting her written reflection.  The one-on-one interviews occurred as soon as the

participants were able to schedule the interview at their convenience. Some of the

interviews occurred within one to ten days upon receipt of the written reflection and a

couple of the interviews occurred later than 30 days because of the participants' personal

and/or work schedule. Frequent contact with the participants ensured retention of

participation. A short time frame from the moment the written reflection was completed

to the scheduled one-on-one interview facilitated the participant to readily recollect and

reconstruct some of his or her written description and to reflect upon the thoughts

contained in that description.

The written reflection was gathered to decipher its uniqueness and then used for

the one-on-one interview. The interview concentrated on, and further explored the details

provided in the written reflections, with an emphasis on the meaning of the phenomenon

of being in nursing academia. Reflection of meaning translated into making sense on how participants look at certain factors in their lives that affect their choices (Marques, 2006; Seidman, 2006).

All but one of the written reflections was sent as Word document and saved electronically. The one written reflection sent via self addressed envelope was scanned and converted into a Word document to ensure consistency of the data format. The one-on-one interviews were transcribed verbatim in a Word document format and saved electronically. The written reflections and transcribed interviews were reviewed for meaningful themes. The units of analysis were the written reflections and the transcribed interview data. Lengthy reflections and information gathered in the interview were reduced to meaningful units that described the shared experiences of the participants (Costello-Nickitas, 1994; McCaslin & Scott, 2003: Perry, 2005). The uniqueness of each participant's reflections and interviews were considered equally important.

In the data collection phase, the confidentiality of the information provided by participants was stated explicitly. Participants were made aware of what confidentiality means to the research and to them as participants. Confidentiality is a critical component in any research study, and management of the data collected during the study was extremely important. The maintenance of confidentiality is important in qualitative research as the words used by participants to describe their experiences can readily identify participants and can have consequences. To further protect the confidentiality of participants, only key points without identifying information from the first and second phases of data collection were published.

The information gathered was shared only with the core assistants involved in the research, for instance, the transcribers. The actual names of participants were not attached to their written reflections or the transcribed interview documents. Alphanumerically coding the identity of the participants and use of two levels of coding minimized the possibility that the actual participants' names and identities would be exposed. In addition, the original records, such as contact information, completed informed consent forms, and the audio tapes were kept in a locked file cabinet in the researcher's home. The records are kept as stipulated by University of Phoenix, School of Advance Studies' (2007) guidelines: locked up for three years after the completion of the dissertation process, and thereafter, destroyed by shredding all hard copies and deleting all electronic versions.

<div align="center">Instrumentation and Reliability</div>

The participants were asked to write a description and reflect upon their experiences as practicing nurses in nursing academia. The focus of the written reflection was based on the following three areas: (a) a discussion of the factors that contributed to the decision to pursue work in nursing academia, (b) a discussion of the factors that contributed to a continued desire to work in nursing academia, and (c) a discussion of the factors that might contribute to the consideration of leaving work in nursing academia. The focus of the written reflection helped answer the research questions. The written reflection was the initial way to gather data that guided the one-on-one interviews for emerging concepts that needed clarification.

The interview protocol (see Appendix G) contained the structure for conducting the one-on-one interviews. Most qualitative research does not use instruments

constructed by other researchers, but rather individual interview protocols for recording information are developed that will help develop themes or describe the information (Vivilaki & Johnson, 2008). The intention of the interview protocol was to expound on the data initially gathered from the written reflections.

Since the written reflection questions and interview protocol were created and not standardized, a face validity study was conducted to test the reliability of the written reflection questions and the interview protocol. Initially, six participants who were not part of the sample were asked to participate in the face validity study but only four participants followed through with their feedback. The goal of the face validity study is to ensure that the questions and protocol used are not ambiguous and that the administration thereof will yield productive data (Creswell, 2002; Seidman, 2006). The face validity study allowed for reflection and recognition of any potential bias during the interviews and guided any changes (Seidman, 2006). The face validity elicited a minor change in the wording of the last question from "Discuss the factors that may contribute to you leaving work in nursing academia" to "Discuss the factors that may contribute to your consideration of leaving work in nursing academia".

## Validity and Reliability

The quality of the data was assessed using four concepts: credibility, transferability, dependability, and confirmability. Credibility and confirmability are most applicable. The study was not designed to generalize its findings (transferability), but was designed to interview a range of participants in order to gather as many perspectives as possible about the subject under study. The degree of dependability was a challenge because the assumption made was that each participant's experience was unique.

Credibility and confirmability were potential threats to the study, but some strategies that minimized these threats are discussed below.

Validity in a qualitative study is assessed by how well the tools measure the phenomena under investigation (P. Roberts, Priest, & Traynor, 2006). The interview played a major role in ensuring validity. Questions were asked consistently with the help of an interview guide, and this allowed participants to talk and provide concrete details instead of being led to respond in a particular way (Marques, 2006; Seidman, 2006). The interview guide was developed after reading the written reflections and formulating certain questions related to the themes most frequently mentioned. The most serious concern with respect to qualitative research methods is the lack of strategies to determine the validity of the measurements that lead to the development of a theory or understanding of the concept (Burns & Grove, 2001). Sometimes biases go unnoticed, and these biases threaten the validity of the study.

In a qualitative study, self-reporting of the information may be a threat to the validity of the study. The accuracy and validity of the information is subject to the assumption that the participants' self-reporting is honest and credible. *Credibility* means the data is authentic, and authenticity of the information relies on the genuineness of the reflection on the participants' experiences of the phenomena (Vivar, 2007).

The monetary compensation of $75 offered to participants at the end of the study may have posed a threat to the validity of the study. The assumption was that the participants openly shared their thoughts and experiences despite the compensation provided to them. The threat to validity was minimized by offering equal compensation to all participants; some participants refused the compensation.

Familiarity with the subject may present another potential threat to the validity of the research. This bias was minimized by taking a non-reactive and analytical distance to the subject (P. Roberts et al., 2006). Participants' responses were handled with objectivity and empathy. The goal of ensuring validity in the process is to understand and make sense of participants' meanings through a semi-structured interview (Seidman, 2006) focusing primarily on the clarification of answers to the written reflections.

Reliability in a qualitative study is assessed by the trustworthiness of the procedures used and the data generated (P. Roberts et al., 2006). The method for recording and transcribing were possible threats to the reliability. Audio recording the interview portion of the data gathered minimized threats to reliability. In addition, the use of verbatim examples of participants' comments in written accounts was incorporated in the data analysis while ensuring that the anonymity of the participants' information was maintained. The use of a software package for qualitative data analysis, NVivo 8, also helped minimize this reliability threat. The assumption was that the data were handled from an as objective a standpoint as possible to ensure confirmability.

The interview protocol (see Appendix G) provided some structure for conducting the one-on-one interviews and minimized threats to the validity and reliability of the research. The purpose of the interview protocol was to provide some standardization with respect to how the interviews were conducted, but at the same time, allow sufficient flexibility to clarify and validate participants' written reflections. Participants' responses and reactions during the one-on-one interview were facilitated by creating a neutral and appreciative interviewing environment. The interview protocol set the tone for the interview environment.

Data Analysis

The data analysis involved processing the data collected from the written reflections and one-on-one interviews. The information from the written reflections was used as a foundation for analyzing participants' experiences of nursing academia. The information from the interview clarified and validated the information gathered from the written reflections. All data gathered were transcribed for the purposes of an extraction-synthesis process.

The extraction-synthesis process involved moving the written reflections and dialogue to a level of abstraction that is supported by Giorgi's psychological perspectives and Parse's theory of human becoming (Burns & Grove, 2001). The data were analyzed using strategies from Giorgi and Parses' qualitative methods. These strategies are discussed in detail below.

Giorgi's research methodology is about understanding the relationships of the units identified with each other to the whole, but also incorporates the intuitive judgment of the researcher (Burns & Grove, 2001; Costello-Nickitas, 1994). The following are the strategies used by Giorgi methodology when analyzing qualitative data: (a) read the entire description to obtain a sense of the whole, (b) discriminate units from the participant's description of the phenomenon being studied, (c) express the psychological insight contained in each of the meaning units directly, and (d) synthesize all the transformed meaning units into a consistent statement regarding the participant's experiences (Burns & Grove, 2001, p. 609). The strategies above assisted in bringing a sense of wholeness to the phenomenon of the attraction to nursing academia for

practicing nurses. The goal of the data analysis method was not to theorize but provide meaningful insights about the phenomenon.

A second method that was useful for analyzing the data was Parse's research methodology that is specific to man-living-health theory (Hodges, Keeley, & Grier, 2005). The following are the strategies used by Parse's methodology: (a) extract essences from transcribed descriptions, (b) synthesize essences from transcribed descriptions, (c) formulate a proposition for each participant's description, (d) extract concepts from the formulated propositions of all participants; and (d) synthesize a structure of the lived experience from the extracted concepts (Burns & Grove, 2001, p. 608). The method assisted in understanding the human perspective of being a practicing nurse in nursing academia as a life choice (Costello-Nickitas, 1994; Jurema, Pimentel, Cordiero, et al, 2006). The goal of the data analysis methodology was to transform the language used by the participants into meaningful contexts as unique lived experiences.

The goal of using the qualitative data analysis software, NVivo 8, was to transform the data gathered through written reflection and transcribed one-on-one, face to face interviews into an organized and manageable format to facilitate an insightful extraction and synthesis process. NVivo 8 was used to code the units of analysis to present the meaningful context of the participants' written and spoken words of unique lived experiences.  The data management and the coding process were of particular value in the use of qualitative data analysis software (Wickham & Woods, 2005).

<div align="center">Summary</div>

Qualitative research presents an opportunity to discover meanings that may not be obvious and provides an important contribution to documenting the experiences of those

facing a phenomenon (Bohannon, 1999; Neuman, 2002; Vivar, 2007). The use of a phenomenological research design provided a deeper analysis of the phenomenon and provided an understanding of each participant's sense of reality through his or her experiences (Groenewald, 2004; Jurema, Pimentel, Cordiero, et al, 2006; McCaslin & Scott, 2003). The sample population selected for this study had valuable information to share.

Chapter 3 provided a detailed discussion of the research method and the design appropriateness for addressing the research problem and purpose was provided. The population under investigation, sample criteria, validity, reliability, data collection, and data analysis were discussed. The phenomenological methods of Giorgi and Parse (as cited in Burns & Grove, 2001) were used as strategies for the analysis of the data and assisted with a deeper understanding of the selected phenomenon, namely, the attraction to nursing academia for practicing nurses. The qualitative approach was applicable to understanding the phenomenon of the attraction to nursing academia for practicing nurses.

Chapter 4 presents the data gathered and the analysis of that data. A detailed description of the study finding is provided along with textual content in relation to data analysis.

CHAPTER 4: DATA ANALYSIS

The purpose of this qualitative study was to understand the phenomenon of why nursing academia is attractive to practicing nurses. The phenomenological study explored nursing educators' shared experiences of being nurse educators. Written reflections were gathered and one-on-one, face-to-face interviews were conducted.

Chapter 4 presents the detailed analysis of the written reflections and one-on-one interviews of 20 participants. The participants were practicing nurses who were working in nursing academia from the District of Columbia, Maryland, and Virginia areas. The participants were recruited from area colleges and schools with nursing programs.

A face validity study was conducted prior to the start of the data collection to ensure that the three questions asked in the written reflection clearly reflected the intention of the questions. Six practicing nurses who were not part of the sample study were asked to critique the three questions; four of the six practicing nurses responded to the request. The feedback from the four respondents necessitated a minor grammatical change of one of the questions.

The data was analyzed to reveal emerging themes to show the perceived attraction of a practicing nurse to nursing academia. The analysis in Chapter 4 includes the method of data analysis to discover common themes and the results were directly related to the research question. The following research questions provided the structure for the conducted study:

1. Why are practicing nurses attracted to nursing academia?

2. How do practicing nurses perceive nursing academia?

3.  How can nursing leadership achieve viable and sustainable recruitment and retention of nursing educators?

Sample Demographics

Twenty practicing nurses who met the criteria for the study participated in the study voluntarily. Table 1 below shows the participants' demographic data. The age range of the participants was from 30 to 66 years old, with an average age in the early 50s. All of the participants were female; no male participants who volunteered were eligible for the study. Six participants had a Doctoral (Ph.D.) degree, while the remaining participants all had at least a Master of Science (M.S.) in Nursing.

The participants had either full-time or part-time teaching appointments in nursing academia. Twelve participants had full-time appointments as nursing faculty while eight participants had part-time or adjunct appointments as nursing faculty. All the participants held active status in their employment as nursing faculty. Four of the participants taught for a private institution, while sixteen of the participants taught for public institutions. Fourteen of the participants taught for a four year college institution which graduates Bachelors degree nursing students (B.S.N.), and six of the participants taught for a two year college which graduates Associate's degree (A.A.) nursing students. Twelve participants had taught for more than 10 years, with the longest time being 35 years. Eight participants had taught for 10 or less years, with the shortest time being 1 year.

Table 1
*Participants' Demographic Data*

| Participant | Age | Gender | Level of Education | Years Teaching | Place of Employment | Program Level | Appointment Status |
|---|---|---|---|---|---|---|---|
| 1 | 58 | Female | M.S. | 8 | Public | B.S.N | Adjunct/Part-time |
| 2 | 55 | Female | M.S. | 11.5 | Public | B.S.N. | Adjunct/Part-time |
| 3 | 64 | Female | Ph.D. | 25 | Private | B. S.N., & M.S. | Adjunct/Part-time |
| 4 | 49 | Female | Ph.D. | 26 | Public | B.S.N., M.S., & Ph.D. | Full-time |
| 5 | 60 | Female | Ph.D. | 10+ | Private | B.S.N. | Full-time |
| 6 | 30 | Female | Ph.D. | 1.5 | Public | B.S.N. & M.S. | Full-time |
| 7 | 43 | Female | M.S. | 1 | Public | A.A. | Adjunct/Part-time |
| 8 | 43 | Female | M.S. | 13 | Private | B.S.N. | Adjunct/Part-time |
| 9 | 48 | Female | M.S. | 5 | Public | A.A. | Full-time |
| 10 | 65 | Female | Ph.D. | 18 | Public | B.S.N. & M.S. | Full-time |
| 11 | 44 | Female | M.S. | 4 | Public | A.A. | Full-time |
| 12 | 45 | Female | M.S. | 1.5 | Private | B.S.N. & M.S. | Full-time |
| 13 | 54 | Female | M.S. | 18 | Public | A.A. | Full-time |
| 14 | 66 | Female | M.S. | 33 | Public | A.A. & B.S.N | Full-time |
| 15 | 52 | Female | M.S. | 14 | Public | A.A. & B.S.N | Adjunct/Part-time |
| 16 | 64 | Female | Ph.D. | 35 | Public | B.S.N & M.S. | Full-time |
| 17 | 48 | Female | M.S. | 5 | Public | B.S.N | Adjunct/Part-time |
| 18 | 52 | Female | M.S. | 13 | Public | M.S. | Full-time |
| 19 | 32 | Female | M.S. | 4 | Public | B.S.N | Adjunct/Part-time |
| 20 | 53 | Female | M.S. | 20 | Public | B.S.N | Full-time |

Data Analysis Procedures

The data analysis involved processing the data collected from the written reflections and one-on-one, face-to-face interviews. The information revealed from the written reflections was used as a foundation for clarifying and further exploring participants' experiences of nursing academia. All the data gathered were transcribed for the purpose of an extraction-synthesis process.

The extraction-synthesis process involved moving the written reflections and interviews to a level of abstraction that is supported by Giorgi's psychological perspectives and Parse's theory of human becoming (Burns & Grove, 2001). The extraction-synthesis process, with the use of NVivo 8 software, provided a structured data management and organization. The data were analyzed using strategies from Giorgi and Parses' qualitative methods.

Giorgi's research methodology is about understanding the relationships of the units identified with each other to the whole, but also incorporates the intuitive judgment of the researcher (Burns & Grove, 2001; Costello-Nickitas, 1994). The following strategies were used as supported by Giorgi's research methodology: (a) read each written reflection and transcribed one-on-one interviews to obtain a sense of the whole, (b) discriminate units from the participant's description of the phenomenon being studied in both written reflection and transcribed interviews, (c) express the psychological insight contained in each of the meaning units directly by using key words, and (d) synthesize all the transformed meaning units into a consistent statement regarding the participant's experiences (Burns & Grove, 2001, p. 609). The strategies above assisted in bringing a sense of wholeness to the phenomenon of the attraction to nursing academia for

practicing nurses. The written reflections and transcribed interviews were read a few times as a whole to validate any insightful themes identified initially. The goal of the data analysis method was not to theorize but provide meaningful insights about the phenomenon. During the data analysis, major themes were closely examined for possible overlap.

A second method that was similar but useful for analyzing the data was Parse's research methodology that is specific to man-living-health theory (Hodges, Keeley, & Grier, 2005). The following strategies were used as exemplified by Parse: (a) extract essences from transcribed descriptions, (b) synthesize essences from transcribed descriptions, (c) formulate a proposition for each participant's description, (d) extract concepts from the formulated propositions of all participants; and (d) synthesize a structure of the lived experience from the extracted concepts (Burns & Grove, 2001, p. 608). The method assisted in understanding the human perspective of being a practicing nurse in nursing academia as a life choice (Burns & Grove, 2001; Costello-Nickitas, 1994). The goal of the data analysis methodology was to transform the language used by the participants into meaningful contexts as unique lived experiences. Parse methodology was useful in understanding personal accounts of the lived experience by reading the transcribed dialogue, listening to the semi-structured interview, and trying to get immersed in the data.

<div align="center">Data Collection</div>

During the data collection, every participant was asked to submit a written reflection and then schedule their one-on-one, face-to-face interview. Most of the participants complied with this request. Half of the participants requested to schedule the

one-on-one interview prior to completing their written reflection, and this request was accommodated. Three of the participants had to reschedule their interview because they had not completed their written reflection. Most of the participants' busy work schedule had interfered with a prompt data collection. The actual data collection took about three months.

The qualitative data analysis software, NVivo 8, was chosen for this study. The goal of using the data analysis software was to transform the data gathered through written reflection and transcribed one-on-one interviews into organized and manageable data for an insightful extraction and synthesis process. The tools for data management and the coding process provided by the qualitative data analysis software were of particular value as they facilitated a systematic way to manage the data (Wickham & Woods, 2005).

<div align="center">Face Validity Study Findings</div>

The face validity study was completed to ensure that the instructions for the written reflection from the three questions represented the foundation of the research questions (Burns & Grove, 2001; Creswell, 2008; Seidman, 2006). Six practicing nurses who were in nursing academia, but not part of the sample participants, were requested to provide their feedback without compensation. Four of the six practicing nurses offered their feedback by the deadline; the other two practicing nurses did not respond back to the request. The following is a summary of the comments provided by the four practicing nurses who participated in the face validity study:

1. "The questions were straightforward and the respondents would clearly understand the qualitative aspect of the questions." (Participant 1)

2.   "I agree with the use of the word "factors" as it is broad enough to allow

for in-depth discussion and reflection of the diverse experiences of

practicing nurses." (Participant 2)

3.   "I would leave the questions as is" (Participant 3)

4.   "The wording of the third question makes one believe that there are two

groups. The suggestion is to reword the question to " Discuss the factors

that may contribute to your consideration of leaving work in nursing

academia." The rewording can make the third question congruent with

the first two questions and the study group is one type – who are

currently practicing in nursing academia". (Participant 4)

The face validity study provided a necessary measure of verification of the

usefulness of the questions being asked (Burns & Grove, 2001). Burns and Grove further

propose that the willingness of the participants to answer the questions in relation to the

perception that the questions measure the content they agreed to provide is crucial in a

qualitative study. The face validity study provided a good foundation for the research.

<div align="center">Findings and Interpretations</div>

The term "theme" is used in this section to imply that a dialogue presented

something of value that was worth exploring. The theme brought a unifying element that

was presented in the dialogue as interpreted using the methodology of analysis. Themes

were monitored by frequency of expression in the dialogues and presented by percentage

of occurrence, but not necessarily related to any hierarchal value of the themes.

The unit of analysis was the texts from both the written reflections and the

transcribed dialogue from the semi-structured, face-to-face interviews. The following

three major points of reflection were asked of all participants: (a) the decision to pursue work in nursing academia, (b) the continued desire to work in nursing academia, and (c) possible contribution to have left work in nursing academia. Further clarifications of the major points were accomplished through a semi-structured, face-to-face interview with all 20 participants.

The following were the major themes and sub-themes that emerged from the three major points of reflection, with excerpts from participants provided as evidence in support of each finding.

*1. The Decision to Pursue Work in Nursing Academia*

Theme 1: Passion for Teaching/Drawn to Teaching

Passion for teaching is often seen as a driving force for most practicing nurses to engage themselves in nursing academia (Neese, 2003; Fitzpatrick, 2004). Twelve of the participants (60%) alluded to their passion for teaching or mentioned events or situations in their lives that drew them to nursing academia. The participants appeared to be proud of their decision to be in nursing academia. The following excerpts from some of the participants' written reflections help elaborate this finding:

A1: "It was a gift, one that I was proud to receive and one I would do my best to honor…"

A2: "…So I am surrounded by family and close friends who teach while staying current in their fields; it is a culture of excellence…"

A3: "It turned out to be a gift"

A5: " … the passion for teaching persisted because while working as a staff nurse, I became a mentor and oriented many of the new nurses on my

unit as well as served as a resource person for older or more experienced

nurses.  I enjoyed it and realized that I had a knack for teaching..."

A4: "I've always enjoyed teaching others"

A8: "I knew then that I wanted to become a nurse educator either

educating new staff or educating new nursing students"

F1: "So, I pursued it because I thought I could to it well, and maintain

currency and competency."

F2: "…I have been a "teacher" all of my life, meaning that no matter what

I was engaged in, even in early school years, I helped other people

understand ideas, concepts, ways of doing and ways of being. While at a

university to study teaching I got a job as a nurse aide and discovered that

while I was drawn to the act of teaching, who I was epistemologically was

a nurse…. I have been a professor for 10 years now and feel that I have

really found my place in the world."

F6: "I decided to pursue work in academia because I have always been a

teacher in one way or another in my pre-nursing life… Ultimately it was

my husband and his father that reminded me that I returned to school to

obtain my Master's Degree so I could teach, and thus, I applied and asked

to join the teaching team.  I've been here since and love it."

F8: "I believed, and still do, that I had something to offer to students and

to the profession."

F9: "I loved teaching especially clinical."

F12: "The factors that contributed to my decision to pursue a career in

nursing academia relate to a general interest in teaching others.  When I

was in High School, I was interested in becoming a public school teacher but decided to major in nursing at college since there were few teaching positions available in the early 1970s."

<div align="center">Theme 2: Giving Back and Value of Teaching</div>

Practicing nurses who feel very competent and confident pursue teaching as a desire to give back (Castledine, 2002; Demarco, Brush & Dyllis, 2004; Johnson-Crowley, 2004). Keeping current is viewed by some practicing nurses as a way to share their knowledge with future nurses hence the value of teaching (Diekelmann, 2005). Six of the participants (30%) mentioned their desire to give back and the value of teaching future nurses who will be caring for them and their family members. These participants mentioned that the nursing profession was about giving back, a philanthropy that was expected. The following excerpts from some of the participants' written reflections support this finding:

A1: "What was really a blink of an eye had brought me from the days of sitting in a classroom for the first time as a hopeful nurse to this time of providing the education that would prepare young women and men to provide the care…I have strong values and modes of conduct and wanted to share those with these burgeoning nurses. I felt I had something valuable to contribute."

A6: "… A way that I can instill my same passion to others is by teaching them the value of this worthwhile profession…"

A7: "… and I viewed the profession as an exciting way of giving back, also, allowing me to be creative in leading the way for others"

F8: "... I had a vision of being able to positively influence others."

F10: "…My sense was that working in academia I would be valued for the knowledge as well as the experience I was bringing to the position."

F11: "As a teacher, I felt I could share knowledge that I had gained and "give back" to the profession."

Theme 3: Love for Learning

Knowledge is a powerful tool in today's rapidly changing healthcare environment. Practicing nurses find their transformation in nursing academia as an avenue for life-long learning. The ability to grow as a nursing faculty in a supportive environment can be an enticing factor to be in nursing academia (Hessler & Ritchie, 2006). Four (20%) of the participants confidently wrote about their love for learning which had drawn them to nursing academia. The following excerpts from some of the participants' written reflections support this finding:

F4: "I also wanted to satisfy my desire or love to continue learning new or other things."

F7: "I love teaching and learning. It is an honor to walk with students on road of their academic pursuits"

F8: "…working in a college setting would allow me the opportunity to mingle with a more interesting and intellectual community that were life-long learners like myself."

F11: "I also loved learning."

Theme 4: Flexibility

Flexibility is often defined differently by different people. The desire to have flexibility in one's job normally refers to a work schedule or the ability to have a balance in one's life (Hessler & Ritchie, 2006). Four (20%) of the participants passionately wrote about the value of flexibility in their lives as a practicing nurse in nursing academia. The other roles portrayed by these practicing nurses as mothers, daughters, and wives played heavily on the needs to have some flexibility in one's job. The following excerpts from some of the participants' written reflections help elaborate this finding:

> A3: "The flexibility and rewards (salary adequate; student feedback and hard work) are good."
>
> F4: "… schedule ( the possibility of having summers off) , the potential to pursue my doctoral degree , ability to continue with developing my nursing practice areas and to work hard and have fun."
>
> F10: "…the flexibility of working hours.  I found as a new mother it gave me some freedom to work from home or schedule the times I would be at work around my children's needs."
>
> F11: "There was opportunity to occasionally work from home.  This was important at the onset of my teaching career, as I was raising a young child and had a husband who traveled frequently with his job. This flexibility was worth the $5,000 pay cut to my annual salary."

*2. The Continued Desire to Work in Nursing Academia*

Theme 1: Dynamics of Teacher and Student Relationship

In nursing faculty, a teacher and student relationship can either be a positive or negative experience. The challenges of meeting the needs of the current make-up of nursing students in nursing school can impact a faculty's desire to continue working in nursing academia (Diekelmann, 2005; Hessler & Ritchie, 2006; Holloway, 2005; McGregor, 2005). Sixteen (80%) of the participants overpoweringly wrote about the dynamics of a teacher and student relationship in a very positive way, and its affect on the participants' continued desire to work in nursing academia. Two (10%) of the participants also discussed the negative relationships with students, but this was often overshadowed with the positive relationships. The following excerpts from some of the participants' written reflections further explain this finding:

> A2: " The challenge of meeting a brand new group of students and quickly assessing their learning styles and needs, tailoring the vast array of information that is community health nursing to fit those needs, and crafting unforgettable clinical experiences to provide essential practice, while keeping students focused and safe is an unending source of fascination."
>
> A4: "I believe I can teach in a way that they can learn and remember."
>
> A5: "I enjoyed the dynamics of the student –teacher relationship. I feel very privileged and blessed that I can be part of the process that makes a novice into an expert. I love the moment "when the student gets it." I also enjoyed developing mentoring relationships with the students."

A6: "I want to communicate to all nursing students that they are entering into valuable work and that they will make a difference in the lives of anyone whom they come into contact. My priority is to help all students become confident in their ability to meet the nursing expectations and to succeed at producing meaningful results."

A7: "…as I provide students with what I was given which has greatly influenced my nursing skills and abilities. It surprises me that the number of nurses that choose this field of study remains low. I feel that I am needed to help the institution who remains to have numerous students who desire to be nurses but they lack experienced faculty to teach them. As a student, I received both quality academic and clinical experience and it is my continued goal to see that each student receives the same."

A8: " I want to help develop nurses of the future to be the caring nurse who would spent the time explain things in detail to each one of their patients while understanding the patient needs in a holistic framework. The second factor is that I believe I have the gene to help others reach their full potential."

F1: "I stay in academia because nursing is too important not to do it well, with high standards, and current, relevant practice."

F2:" Things that keep me in academia are the opportunity to create knowledge, continue my own research, and ultimately to expand my own ability to impact the health of people, families, the world by sharing what I know with others who will hopefully continue sharing that knowledge

with others. Teach a person to fish…. I know that every day I make a difference in the world that will survive my existence."

F3: "…enjoy the challenge of explaining difficult concepts to nursing students and watching their excitement as they grasp these concepts"

F4: "I like the idea of developing the next generation of nurses who will care for me and the aging population."

F5: "I have had the distinct opportunity to teach a huge variety of student's local, national and international.  I have had the opportunity to prepare, teach, role model, and educate students from the age of 17 to 58, from all walks of life, nationality, and culture basic nursing care."

F6: " I work side by side with some of my former students, some are even in charge when I'm working.  It is awkward for them, but I see them as colleagues now, not students.  They are the ones that are awkward until they realize I'm a different and more interesting person now that they are no longer my students.  I enjoy watching them grow beyond school…that is why I continue to do what I do."

F7: "I have a continued interested in expanding my teaching methods and facilitating the learning process."

F8: "I love to watch students as I begin to see their "light bulbs" go off! Even though some students never really "get it", I still enjoy teaching them and interacting with them in hopes that they will get it."

F11: "I also have a sincere desire to see my students succeed in their careers."

F12: "It is very rewarding to work with college students and teach them various aspects of the nursing profession. Throughout my 20 years of nursing education, I have taught many students in several states and enjoy all of the challenges associated with this process."

Theme 2: Opportunities

In every profession, opportunities can be viewed as a reward to hard work. The opportunities presented to practicing nurses drives the decision for practicing nurses to stay in or leave the profession of teaching (Hessler & Ritchie, 2006; Wilson, 2006). Opportunities mentioned by the participants included both professional and personal growth. Six (30%) of the participants discussed the value of opportunities in nursing academia. The following excerpts from some of the participants' written reflections help elaborate this finding:

A3: "The salary is attractive and the day to day work is challenging. I am always learning from my students. I have continuing education opportunities also. For example, last year I took an online podcasting course that I hope to use in my online classroom.

Because of the uniqueness of the profession, I've have many consulting requests and opportunities to travel and meet other educators face to face."

F3: "…a relatively flexible schedule, a nine month appointment which has as its benefit all holidays and summers off, and a great amount of autonomy."

F8: I enjoy working in a college setting where being an educator is seen as exciting and many professional development opportunities are available.

My college offers excellent technological advances in teaching and supports technology in the classroom."

F9: "Having three months per year off plus all holidays, a winter and spring break is great. I have one of the best retirement plans and the University puts in 15% based on my rank."

F10: "Once I started teaching I found that the joy of seeing students grow and mature in nursing was a satisfying as working with patients and seeing them regain health and be discharged from the hospital.  I enjoyed challenging students to think beyond the obvious and to evaluate the data they had collected and to look for the why's and what else could they do to work with their patients.  I enjoyed helping them to look at all of the information available and to work with them in putting the pieces together to begin to see the picture of their patients and how nursing could make a difference in their recovery from their illness, surgery or handling their health needs."

F11:  "New opportunities" within the nursing academia keeps my interest peaked and fuels my desire to keep teaching.  There is nothing dull about teaching.  I feel challenged to keep up to date with evidenced based knowledge as well as developing sound teaching strategies and using technology in the classroom.  As a "seasoned instructor" I feel I am a better teacher after years of practice."

Theme 3: Continuous Learning about Self

Nursing is a profession where life-long learning is encouraged. In nursing academia, the information presented to future nurses must be current (Diekelmann, 2005). Four of the participants (20%) discussed the impact of nursing academia on their personal and professional life. The following excerpts from some of the participants' written reflections best explain this theme:

A1: "... I have matured and blossomed both personally and professionally, and for that I am grateful. Personally I have learned a lot about myself, what I am capable of, what I will and won't do, areas where I can compromise, and areas where I cannot. I have learned to stretch myself in ways not previously tried. I have learned more about listening with that third ear, learned to see more clearly behind what was being said and what the behaviors might mean. I have also learned more about my own values, what is tolerable and what is not. There has been self exploration, challenge, soul searching and, occasionally, tears."

A8: "…always learning something new about myself after each class that I have taught."

F5: "I learn from my students every day. Students keep me young and connected."

F6: "I also enjoy the challenge of learning something new, trying something new and if it works, great, if not then I don't use the 'thing' again"

*3. The Consideration of Leaving Work in Nursing Academia.*

Theme 1: Workplace Related Issues

Good working relationships make a better work environment. Workplace

dissatisfaction can be a potential contributing factor to practicing nurses leaving

nursing academia (Brendtro & Hegge, 2000; McCullogh, 2003; Wilson, 2006). Eleven of

the participants (55%) wrote about the impact of workplace related issues, such as non-

cordial relationships with other faculty and administrators, excessive workload, and lack

of recognition, on their consideration of leaving work in nursing academia. The

relationship among faculty was one that did not necessarily support teamwork. Excessive

workloads were presented as a hindrance to grow and develop professionally as time was

a barrier. Lastly, one of the participants mentioned that recognition for hard work was

important as well. The following excerpts from some of the participants' written

reflections support these findings:

*Sub-theme 1: Non-cordial relationships with other faculty*

F1: "Both nurses in general and nurse academics can be an insular bunch.

Nasty. Mean. Exclusive."

F3: "The factors that contribute to my consideration to leave the area of

academia are few, but include my assessment that in many instances,

nurses are unable to embrace change that is desperately needed to foster an

environment that promotes excellence in teaching, research, and practice. I

am also disenchanted by the number of true leaders that are at the

forefront of our profession. For myself, a new faculty member on a tenure-

track position, I have been left to fend for myself and to make my own

way and to figure out on my own what is expected of me: seeking grants, demonstrating excellence in teaching (a skill that is not taught in PhD school), and to conduct myself on committees that rarely accomplish anything."

F4: "I also find a lot of turbulence in nursing faculty now as the more experienced nurses retire and the newer ones coming in are older and may not be as technology based or have English as their first language."

F6:" The faculty I work with. They put you down, they are obviously jealous…. I do what I do for the students; it is not a power trip like it is for other faculty. The only reason I would consider leaving is if the upcoming changes work against me…if I am ignored and pushed farther and farther away from students (teaching the seminar courses only and having no part of the major clinical courses for example), then I am not fulfilling what I need and I would probably leave…"

F7: "The major reasons I consider leaving include: … and hostile faculty."

F8: "Mostly I find that nursing faculty, certainly at my current institution, are involved in academia for the convenience of the school calendar, not having to punch a time clock, short work days, limited accountability, and limited job pressure. Most of them are not critical thinkers, lack the joy of teaching and are just there because it's easy and meets their life needs. This can be very frustrating."

F9: "I still enjoy what I do even with the changes occurring in my department and the University administrative change. Within my department there appears to be a move to push senior faculty out."

*Sub-theme 2: Excessive workload*

F7: "The major reasons I consider leaving include: excessive committee work requirements, student advising responsibilities..."

A8: "When student placement sites are not organized well and one struggles as the instructor of the class to make sure the students' needs are met".

F11: "The nursing faculty shortage and University demands of faculty have increased the workload of each faculty member. The demands of my position have increased dramatically over the last 13 years. "Doing more with less" seems to be a common theme. ....Difficulty balancing all aspects of my academic position. I am a full time instructor. I am on School of Nursing committees. I maintain my faculty practice 4- 8 hrs a week to keep up my NP clinical skills. I am also a part-time DNP (Doctorate in Nursing Practice) student. Currently there is no release time or financial assistance to support my studies. At the end of the week, I am exhausted."

*Sub-theme 3: Lack of recognition*

A8: "At times not being recognized for the hard work on does for both the academia and at the institution where one works with."

Theme 2: Pay Structure

Pay structure is a contributing factor to help recruit and retain practicing nurses in academia (Allen, 2008; Shapiro & Blom-Hoffman 2004: Wilson, 2006). Practicing nurses make more money in clinical practice than engaging themselves in nursing academia (Bonnel & Starling, 2003; Gormley, 2003; Roberts, 2005). Most of the participants discussed pay structure, but some of the participants did not mention pay unless prompted.  Only one of the participants mentioned good salary. Ten (50%) of the participants discussed the impact of pay structure in nursing academia on their personal and professional life. The following excerpts from some of the participants' written reflections best explain this theme:

> A1: "Of the factors that may contribute to my leaving academia, health issues and very low salary are paramount.  …. adjuncts are an essential component of a well run facility and the program would most likely suffer a severe blow, if not close, if it were not for us.  At a time when the need for quality health care is more and more present, it is ironic and sad that those of us charged with nurturing the next generation are not rewarded. In the United States, as in other parts of the world, salary is often equated with worth.  While one can argue, and I agree, that that is not the case, the monetary award given to adjunct faculty who take on enormous challenges and considerable responsibility is shockingly low."

> A4: "Unfortunately the pay is not great and in today's society one must work to survive.   The pay at the hospital setting could be the same or

more compared to an ASN at the hospital and a MSN teaching. …Nursing teachers are more valuable than that."

A5: "It was not financially feasible to pursue teaching full-time so I pursued it part-time."

A8: "As part-time faculty the pay only covers the time one is in the class and not the hours one spends preparing for the class."

F1: "I would certainly make more money in full-time clinical. And work with real issues."

F2: "The only detractor to academia is the meager financial compensation. I work in a private school where we are paid well below the AAUP average."

F3: "Finally, another consideration that argues for leaving academia is financial. I could potentially make over $35,000 more per year simply working three 12 hour shifts per week (much fewer hours than I spend as faculty) as a nurse practitioner."

F4: "The salaries are very low for the amount of education and experience I bring to teaching."

F7: "The major reasons I consider leaving include: low pay…"

F12:" ….nursing faculty pay scales have not kept up with nursing practice salaries. It is a bit disheartening when new graduate nurses can start out at a higher wage than a faculty member with 30 plus years of experience. Because of the pay scale discrepancies, I am often tempted to pursue employment outside of academia"

Theme 3: Other Interests to Pursue

The persuasive reasons to stay in nursing academia can be overshadowed by the desire to pursue one's interest outside of nursing academia or even nursing in general (Yam, 2004). Four of the participants (20%) wrote that other interests could influence their desire to leave nursing academia. The following excerpts from some of the participants' written reflections best explain this theme:

A2: "Finally, my interests are not only in community health nursing, but also in the underlying environmental problems that contribute to health problems in communities. There are days in which I wonder whether my time would be better spent in working to solve or mitigate the environmental problems, thus preventing injuries, illnesses, and infirmities."

A3: "I would leave education if I had another form of income that provided the same satisfaction, income and most of all flexibility."

A6: "Lack of time one reason I would leave my work in nursing academia; I hold a full-time job and teach at university as Adjunct Faculty."

F10:" There were periods where I considered getting back into the acute care setting because I missed patient contact. I found that doing clinical with the students keep me in contact with patients and helped me with the desire to have daily contact with patients."

Theme 4: Family Related Issues

Most practicing nurses in nursing academia perform many roles in their personal lives. Some of these roles as wives, mothers, and sisters presented themselves in a

caretaking role. These practicing nurses wanted time with family. The responsibility to the family often overshadowed career or work obligations (Wieck, 2003). Three (15%) of the participants wrote about the impact of family related issues on the possibility of leaving nursing academia. The following excerpts from some of the participants' written reflections best explain this theme:

> A2: "… my husband's father and my mother and stepfather are in fragile health; they may require care that would set aside teaching for a time."
>
> A5: "Now that I am a member of the "sandwich generation" staying at home (my husband is the main breadwinner) to parent two small children, ages 4 and 7, and caring in home for my 71 year old mom who lives with me, I am only able to pursue teaching part-time as and when my mom's health permits."
>
> F12: " Factors that may contribute to my consideration of leaving nursing academia relate mostly to career retirement.  I have been a nurse for more than 30 years and sometimes feel that I have given the profession all that I have to give.  Because of health reasons, I know I will not be working long enough to pursue a doctorate degree.  At this point in my career, I feel that I can accomplish and contribute to nursing education in a positive way with my MSN degree because of all my nursing education experiences"

### Theme 5: Student Related Issues

Students can be a source of joy or despair for practicing nurses. Students today may have different intentions in pursuing nursing as a profession from those in the past

(McGregor, 2005). Two of the participants (10%) suggested that student related issues impacted their consideration of leaving work in nursing academia. The following excerpts from some of the participants' written reflections best explain this theme:

A2: "There have been some difficult students--fewer than ten over the years."

A7: It appears to be a different caliber of students seeking nursing as a profession. It also appears that due to the shortage, nursing is attracting a large number of people with some interest versus those that have a commitment to the principles and ideals of nursing. This has caused standards to be lowered, financial gain verses compassion and comfort. Take a look at the style of dress for nursing uniforms and you can tell that the level of professionalism has changed. If I can no longer expect to produce nurses who possess quality and the ability to provide optimal levels of care, then I will no longer teach."

*Viable Suggestions to Nursing Education Leadership*

The face-to-face interviews validated and clarified the themes extracted and synthesized by the three major points of reflection. Specifically, themes in relation to the perception of practicing nurses about nursing academia and viable suggestions to nursing leadership about sustainable recruitment and retention were extracted and synthesized. The following themes emerged from the transcribed dialogue:

Theme 1: Desirable Environment for Faculty

Environment can be the physical, psychological, social, and cultural aspects of one's sense of being. The emerging sub-themes were tangible benefits, support for each

other, and adequate resources. Sixteen of the participants (80%) mentioned a desirable

environment situation for them. The environment described by the participants was basic

to meeting their needs as a nursing educator. The participants were not only looking for

more than tangible benefits of their jobs, but also valued a supportive environment. The

supporting data is presented in Appendix I. The following are some brief examples of

transcribed dialogue relating to the above theme:

F1: I would do things at a couple of different levels.  First of all, I will try

to create a physical environment that made it something where people

wanted to come to work.

F3: Because in particular, historically, we have been saying, "It is okay.

We are doing this.  We are a caring profession."  But you know what?

After a while, in the midst of a shortage, it is not okay, and you need to put

money where your mouth is because we are running out of faculty.  If you

look at the mean age of my colleagues, it is not good.  So we have to do

something, and we have to do it pretty quickly.  Changing paradigms, I

think, is a way to do it.

F12: So I think the question is: one, money, but perhaps more importantly,

having the resources to hire adequate faculty.  We have to make faculty

positions desirable, and they are not.  Their remuneration is not that great;

the workload is not simple.

Theme 2: Qualities and Characteristics of Nursing Educators

Qualities and characteristics of practicing nurses who are working in nursing

academia can tell a story about the person itself. A person's sense of being can be

translated to the transformation of their choices in life such as being a practicing nurse in nursing academia (Costello-Nickitas, 1994; O'Connor, 2002). Fifteen of the participants (75%) listed the following qualities in themselves or colleagues who were in nursing academia: knowledgeable, good listener, good communicator, organized, good sense of humor, patient, people person, high moral character, and compassionate. Individuals who are skilled in communication and organization are ideal for nursing academia (Roberts, 2005). Seven (35%)of the participants saw themselves as facilitators, guide, mentor, experts, and leaders in their role in nursing academia. The qualities and characteristics mentioned during the semi-structured interviews represent a group of practicing nurses who care and want to give back to the students and community at large. Based on the work of Arruda (2005), these nursing educators have become self-actualized and want to help others do the same. The supporting data is presented in Appendix J. The following are some brief examples of transcribed dialogue relating to the above theme:

> F12: "I think communication is good. I think being a leader and mentor and a facilitator of their learning, not just giving everything to them. Being a guide; I see myself as a guide to the pathways of where they have learn and where they have to find information. And because of my experience and many years of being a nurse and then being an educator, that I know most of the places where you can look to find things and how to make it easier for them, but without just telling them everything."

> A1: "I'm very organized.  I'm a good listener, I think.  I have a sense of humor.  And I have -- I believe in what I'm doing, I believe that it has

value and I believe that there is a purpose for it and that I am in the right

place at the right time."

A8: "I compare the individual to their full potential.  That's one thing.

The other thing, I think, I'm active in listening and a very caring

individual that wants to see people learn, to learn from my mistakes and

learn from things that are out there for you.  As an educator, what else can

I say? I think it is the compassion"

<div align="center">Theme 3: Mentorship</div>

Mentorship plays a crucial role in the retention of practicing nurses (Grindel,

2004; Shapiro & Blom-Hoffman, 2004). Thirteen of the participants (65%) mentioned

that having a mentor was absolutely helpful as a novice faculty. Informal mentors were

mostly mentioned by the participants during their interviews. The formal mentorship

mentioned by the participants alluded to formal orientation as a new faculty.  The

supporting data is presented in Appendix K. The following are some brief examples of

transcribed dialogue relating to the above theme:

F1: "If I'm teaching clinical for the first time, it would mean a lot to me if

a senior faculty member showed up and spent a couple of hours with me

not in a way that looked like she was overseeing me to undermine my

credibility with the students, but rather to see how it is going."

F7: "I think a mentor was the key.  I couldn't have done it without the

mentor that I was assigned to.  She was always there for me and, you

know when you're new, people forget what it's like to be new.  So, she

helped me with the culture of this specific organization as well as the

specifics of the educational requirements."

F11: "I had incredible mentors - excellent mentors. I had them that they

would allow you to work fairly independently unless you really needed

help. So they were not -- it was not structured or authoritarian. They

really were very helpful and supportive. They are now national leaders

and deans of schools, so I felt very privileged to have encounters with

them and to learn from them on how to teach."

Theme 4: Philosophy of Teaching

Practicing nurses who chose nursing academia developed their philosophy of

teaching to reflect the complexities of an educator's intention and their practice (Myrick

& Tamlyn, 2007). The philosophy of teaching represents an individual's way of stressing

their personal satisfaction on being a nursing educator and the vision to transform the

nursing profession (DeMarco, Brush & Dylis, 2004: Roberts, 2005). Nine of the

participants (45%) mentioned their philosophy of teaching as a guiding force to

continuing their journey in nursing academia. The sense of philosophy appeared to

personify who they were as teachers. Each individual philosophy translated to their

continued desire to be in nursing academia and what they saw as the future of nursing

academia. The supporting data is presented in Appendix L. The following are some brief

examples of transcribed dialogue relating to the above theme.

F5: "My life is a very-it is very funny-it just kind of happens. Do you

know, which I think has to do with the philosophy of just doing a good

job, enjoying what you're doing and good world would come to you, they

do come to you in time."

F6: "Visual, Auditory, Kinesthetic, and Reading. Everybody has a way of

learning, I am a hands-on learner."

A6: "Well, I wanted to get the message that the nursing is awesome

career. It is a career that is worthwhile. That is why first of all, I am

working in a hospital setting and I am teaching still because I think I have

to send the message to people before they even start. You got to instill

this in them, you got to motivate them to find out that the career they have

choose, even if it was not for right reason, they will find out that this is the

best thing for them to do."

Theme 5: Disconnection between Clinical Practice and Nursing Academia

The emerging theme regarding the perception of practicing nurses about nursing

academia was the disconnection between clinical practice and nursing academia. Seven

of the participants (35%) felt that keeping currency was integral to educating our future

nurses. The participants who mentioned currency were all active in clinical practice.

Theory that is taught must be congruent to practice which is important to today's

changing healthcare environment (Diekelmann, 2005; Johnson-Crowley, 2004). Some of

the participants mentioned that they pursued higher education not necessarily to teach in

nursing academia but because they were interested in expounding their knowledge base.

The supporting data is presented in Appendix M. The following are brief examples of

transcribed dialogue relating to the above theme:

F3: " … But it is just we are coming at it from two different places.  I just do not understand why, in the lab, when you are teaching, for instance, something like a central line dressing change, why, in the lab, is it done one way and, in the hospital, it is done another? And so, it really is important to me to help…"

F7: "If you do research and publishing, you tend to go to the graduate level to teach, and there, very quickly, I think, you are looked at as being up in this tower and really not having any real understanding of what is going on out there in practice. It is one of the things that I have always tried even though I have not been doing clinical recently.  I have always tried to keep my finger on the pulse of what is the real work environment because I feel, as I'm preparing students to go out there, I want them to have a realistic perspective of what they are going to be faced within the job area."F11: "I think to teach clinical practice, you need to practice."

<div align="center">Theme 6: Collaborative Relationships</div>

Collaborative relationships are important in the nursing profession as they create an environment that is not only team based but also supports transformational opportunity that is needed in nursing education (DeMarco, Brush & Dylis, 2004; Roberts, 2005; Wieck, 2003). Nursing schools try to pool resources and join forces with their clinical counterparts to address the nursing faculty shortage (Goulette, 2008; Pinkerton, 2002). Four of the participants (20%) mentioned a possible solution to address the shortage of nursing faculty by forming collaborative relationships within and outside of the nursing academia. One participant mentioned that collaborative relationships worked

in a previous employment. The supporting data is presented in Appendix N. The following are some brief examples of transcribed dialogue relating to the above theme.

F7: "So, I might look into cooperatives with hospital themselves and hospital incorporations to look at merging this. It's seems to be so many nursing programs are so incredibly expensive, so taxing and resources and labs and all the cost components. … there will be some way to integrate program work. We all seem to be doing the same thing. Side by side."

F10: "One of the things -- and we have really tried this, but it has not been very successful. It is the clinical specialist in the hospital. We have tried to get like ---- which is one of the biggest controllers of hospitals in this area to let their clinical specs have some release time to do clinical with the students because they are right there, they are in practice, they know the facility, they know the staff. That is three-fourths of the problem of getting the clinical setup. So I think it is the agencies and the universities to work closer together and see us not in competition with each other, but it is that our missions are the same. I was at another institution where we did that and it worked terrifically well. We had tremendous retention of faculty, we had high morale, the hospital appreciated it, but I do not know of any institution around here that is doing it. We wrote about it a lot, we are very good at espousing theoretical ideas but it takes a real leader to implement it and there are not enough nursing -- there are a lot of people who claim to be nursing leaders but they tend to be very narrow in their focus."

Theme 7: Being a teacher is a privilege, a gift, an honor, a choice!

All participants passionately discussed who they were as a practicing nurse in nursing academia, and for all of them it was being a nursing educator. Participants' perceptions of who they were as nursing educators are presented in Appendix 0. The following are brief examples of how some participants epitomized who they are as educators:

A1: "It's a gift to be able to work with people who are going to be the next generation of nurses and the feeling is that there is an opportunity to help form what they're about to do because I believe, always have, always will, believe that it's a privilege to take care of people ... Then I feel about it's a really terrific place to be."

A7: "At that time, we made choices. I decided to go back to school. And so that was my focus. That was number one in my life at the time. So I was able to give a lot of time to that. Not only that, it was the desire of my heart to help people. And I just noticed a caring attitude towards the students, as well as myself and they wanted us to be good nurses. And I am clueless as to why, even if they would do it on a part time basis, other nurses would not feel the same way and want to do that to help others come through the same path."

F9: "I love it. I love what I do. My students used to say, when we had the generic baccalaureate, I was interested in having a whole lot of little me's running around the world. I really love it. That is why I have stayed. I'm rejuvenated all the time. I'm always looking for fresh approaches. I love

it. To me, I guess I hear folks say teaching is a calling.  So obviously, I

have been called…"

<div style="text-align:center;">Findings and Significance to Leadership</div>

The shortage of practicing nurses in nursing academia is at a crisis level

(Hinshaw, 2005; Lewallen, et al., 2003; Robinson, 2005; Schuman, 2003; Tanner; 2005).

Nursing leaders are aware of this crisis and the accompanying consequences, and are

attentive to finding solutions to address the crisis. Suggestions to address the crisis were

shared by participants of this study.

A desirable working environment for any job is not a new concept but considering

what nursing educators want as a tradeoff for low pay structure can be worth exploring.

The qualities and characteristics of nursing educators represent the type of nurses that are

attracted to nursing academia. Nursing leaders can identify and recruit practicing nurses

who enjoy teaching in their clinical position for a position in nursing academia even on

an adjunct basis. Nursing leaders can help recruit nursing educators by building on the

strengths of potential practicing nurses who may want to consider joining nursing

academia.

Mentorship clearly has a role in recruiting and retaining nursing educators

(Grindel, 2004). Mentorship is often a neglected concept that is frequently discussed but

not followed through by nursing leaders. Formal mentoring is difficult to implement for

factors relating to finances and time; the use of modeling maybe an alternative to a

formal mentoring program. Modeling is an informal way of mentoring that involves

incidental learning (Shapiro & Blom-Hoffman, 2004).

Nursing leaders can investigate the disconnection of nursing academia and clinical practice. The health care environment is constantly changing (Gubrud-Howe, 2001; Lewallen et al., 2003). Nursing academia needs faculty who are competent, current and caring. Currency is a way to bring collaborative relationships between individuals who are active in clinical practice versus individuals who are excellent in theory. Schools and universities can bring current nursing clinical practice to their students by hiring practicing nurses who are actively keeping up with clinical work.

Nursing leaders can transform nursing into a true profession where professional cohesion is exemplified (Yam, 2004). The ability to appreciate and understand the philosophy of our practicing nurses who are in nursing academia can help enlighten the needs of the profession. The community at large has a better appreciation of the nursing profession and the role we play in today's healthcare climate. A transformational opportunity is clearly in order (Clark 2002).

<div align="center">Summary</div>

The purpose of this qualitative study was to understand the phenomenon of the attractiveness of nursing academia to practicing nurses. The study participants were 20 females, practicing nurses who were in nursing academia in the District of Columbia, Maryland and Virginia areas. The age range of the participants was from 30 to 66 years old, with an average age in the early 50s. All the participants had at least a Master of Science in Nursing, with six participants holding a Doctoral degree. Written reflections were gathered and semi-structured, face-to-face interviews were transcribed. This study focused on the following research questions:

1. Why are practicing nurses attracted to nursing academia?

2.  How do practicing nurses perceive nursing academia?

3.  How can nursing leadership achieve viable and sustainable recruitment and

retention of nursing educators?

The data analysis revealed three major findings: (a) The factors that contributed to

the desire to work in nursing academia were passion for teaching/drawn to teaching,

giving back/value of teaching, love for learning, and flexibility; (b) The factors that

contributed to the continued desire to work in nursing academia were dynamics of

teacher student relationships, opportunities, and continuous learning about self; and (c)

The factors that might contribute to the desire to leave work in nursing academia were

pay structure, work related issues, student issues, family issues, and pursuing other

interests.

The following themes emerged as viable and sustainable recruitment and retention

of nursing educators: (1) desirable working environment, (2) mentorship, and (3)

collaborative relationships. An understanding of the perception of practicing nurses about

nursing academia can be presented as a viable and sustainable recruitment and retention

tool. The major themes discussed were the disconnection between nursing academia and

clinical practice and the philosophy of teaching. Lastly, there was a common view among

participants that teaching is a privilege, a gift, an honor, and a choice.

<div align="center">Conclusion</div>

The discussion in chapter 4 outlined the results of the analysis of the data that

were gathered from the written reflections and semi-structured interviews of twenty

practicing nurse in nursing academia. The methodology outlined in chapter 3 was applied

to the data and the results were shown in a narrative format. Emerging themes and

interpretations were presented, with excerpts from participants as evidence supporting

and explaining the themes. The problem statement was described in chapter 1 as a

shortage of well-prepared and qualified nursing educators. An overview of the literature

on the topics related to the problem statement and the significance of the study was

discussed in Chapter 2. The methodology was discussed in chapter 3 and the data

analysis results were presented in chapter 4. Chapter 5 provides a summary of the data, a

discussion of the results, and draws conclusions, including the significance of the study to

leadership, and recommendations for further research.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

The purpose of this qualitative study was to understand the phenomenon of the attractiveness of nursing academia to practicing nurses. The study was timely because the shortage of nursing educators is a crisis (Bargagliotti, 2003; Barron & West, 2005). The study participants were 20 female practicing nurses who were in nursing academia in the District of Columbia, Maryland, and Virginia areas. Written reflections were gathered and semi-structured, face-to-face interviews were transcribed. This study focused on the following research questions:

1. Why are practicing nurses attracted to nursing academia?

2. How do practicing nurses perceive nursing academia?

3. How can nursing leadership achieve viable and sustainable recruitment and retention of nursing educators?

In chapter 1, the overall nursing shortage and the shortage of nursing educators was discussed. The general issue of the shortage of well-qualified nursing educators and the specific problem of nursing leaders' lack of understanding of the attractiveness of academia for practicing nurses who choose to become nursing educators was outlined. The conceptual frameworks from several fields of study were incorporated in order to address important perspectives and controversies associated with organizations, change, and leadership.

Chapters 2 discussed an in-depth literature review about the nursing shortage. The focus of the review was specifically on the nursing faculty shortage. In addition, research findings and trends associated with the image of the nursing profession, particularly nursing academia, and the recruitment and retention of nursing faculty was explored.

Chapter 2 discussed the culture of nursing academia as it relates to the motivation of nurses to return to higher education, the characteristics of nursing educators, and the leadership of nursing education. The above topics were vital aspects to consider when explaining and describing the reasons for the nursing faculty shortage.

Chapter 3 discussed the research method, research design, population, sample, sample design, validity, reliability, appropriateness of the design, and the data analysis. The details about the choice of the research method and design as well as the careful planning for analyzing the data were addressed. The validity and reliability of the analysis reflects an honest attempt to ensure the credibility of the study. The selection of the population and sample reflected the purpose of the study.

Chapter 4 outlined the results of the research that were gathered from the written reflections and semi-structured interviews of twenty practicing nurses in nursing academia. The methodology outlined in chapter 3 was applied to the data and the results were shown in a narrative format. A discussion of the emerging themes and interpretation of the results of the data analysis was presented for each research question.

Chapter 5 addresses the interpretation of the data analysis results, inferences about the essential findings, implications and significance of the results to leadership, recommendations for action by stakeholders, and recommendations for future research. The findings and interpretations addressed the research questions of study, and recommendations were presented to add significance to the value of this research study.

## Sample Demographics

The sampling frame comprised 20 female practicing nurses who met the criteria for participation in the study. The participants' age ranged from 30 to 66 years old, with

an average age in the early 50s. All the participants had at least a Master of Science in Nursing, with six participants holding a Doctoral degree.

Additional demographic information presented below was of particular interest as the participants' demographic information did impact the nature of their responses and openness to the reflections and dialogue. Sixty percent of the participants had taught for more than 10 years, with the longest time being 35 years. Forty percent of the participants had taught for 10 or less years, with the shortest time being 1 year. Sixty percent of the participants had full-time appointments as nursing faculty and 40% percent had part-time (adjunct) appointments as nursing faculty. Eighty percent of the participants taught at a public institution, while 20% percent taught at a private institution. Seventy-five percent of the participants taught at a four year college institution which graduates Bachelors degree nursing students and 25% percent taught at a two year college which graduates an Associate's degree in nursing students. The older the age and the longer the participants had worked in nursing academia, the more open their dialogue about their perceptions of nursing academia.

Data Collection and Data Analysis

The data collection consisted of submission of a written reflection and semi-structured, face-to-face interviews: the participants initially submitted a written reflection and then a semi-structured interview was scheduled. Some of the participants requested to schedule their interview prior to completion of their written reflection, and this request was accommodated. Some of the written reflections were received on the same day of the scheduled interview and presented no problem in reviewing the information. All except for one participant chose to submit the written reflections electronically, which made it

convenient for managing and storing data. The one reflection that was received by paper was scanned and stored electronically for consistency with the rest of the reflections.

The recruitment of the participants started in early spring semester and was ongoing until the targeted sample was achieved. The personal and professional schedule of the participants influenced the ability of participants to complete their participation in a timely fashion. One of the 21 eligible participants voluntarily withdrew from the study before submitting her written reflection. The actual data collection took about three months.

The data analysis involved processing the data collected from the written reflections and the semi-structured, face-to-face interviews. The information revealed from the written reflections was used as a foundation for clarifying and further exploring participants' insights about their experiences of nursing academia. All data gathered were transcribed into a Word document. The data analysis was supported by the use of NVivo 8, a software for qualitative data analysis. The transcribed Word documents were imported into NVivo 8, which then transformed the data gathered through written reflection and transcribed, one-on-one interviews for an insightful extraction and synthesis process.

The extraction-synthesis process involved moving the written reflections and interviews to a level of abstraction that is supported by Giorgi's psychological perspectives and Parse's theory of human becoming (Burns & Grove, 2001). The extraction-synthesis process, with the use of NVivo 8 software, provided a structured data management and organization. The data were analyzed using strategies from Giorgi and Parses' qualitative methods.

The novice ability of the researcher to use the qualitative data analysis software presented an initial challenge in the extraction-synthesis process using the research methodology for this study. The data analysis began with an initial reading of all the written reflections prior to the semi-structured, face-to-face interviews and then all the responses were re-read to identify emerging themes. Data analysis continued with the reading of transcribed interviews to identify emerging themes therein, and cross referencing with the emerging themes of the written reflections. Giorgio's and Parse's methodologies were used to understand the units of analysis as guided by the research questions and allowed the use of intuitive judgment.

The Giorgio's and Parse's strategies (Burns & Grove, 2001) assisted in bringing a sense of wholeness to the phenomenon of the attraction to nursing academia of practicing nurses. The data analysis methods did not theorize but provided meaningful insights about the phenomenon. In addition, transformations of the language used by the participants into meaningful contexts as unique, lived experiences were presented. During the data analysis, emerging themes were closely examined for possible overlap. Each emerging theme was identified as equally important despite the number of possible occurrences from the participants' written reflections and/or transcribed interviews.

<center>Face Validity Study Findings</center>

The face validity study was completed to ensure that the instructions in the written reflection and the three questions correctly represented the foundation of the research questions (Burns & Grove, 2001; Creswell, 2008; Seidman, 2006).  Six practicing nurses who were in nursing academia, but not part of the sample, were requested to provide their feedback without compensation. Four of the six (67%)

practicing nurses offered their feedback by the deadline. The other two practicing nurses did not respond to the request.

The face validity study provided a good foundation for the research: it provided a necessary measure of verification of the usefulness of the questions being asked (Burns & Grove, 2001). The summary of the comments provided by the four practicing nurses who provided feedback prompted a change in the wording of the last question for the written reflections.

<div align="center">Findings and Interpretations</div>

The unit of analysis was the texts from both the written reflections and the transcribed dialogue from the semi-structured, face-to-face interviews. With respect to the research questions, the following three major points of reflection were asked of all participants: (a) discuss the factors that contributed to your decision to pursue work in nursing academia, (b) discuss the factors that contribute to your continued desire to work in nursing academia, and (c) discuss the factors that may contribute to your consideration to leave work in nursing academia. Further clarifications of the major points were accomplished through a semi-structured, face-to-face interview with all 20 participants.

The data analysis revealed the following major findings of the study: (a) The factors that contributed to the decision to pursue work in nursing academia were passion for teaching/drawn to teaching, giving back to the profession/value of teaching, love for learning, and flexibility; (b) The factors that contributed to the continued desire to work in nursing academia were dynamics of teacher student relationships, opportunities, and continuous learning about self; and (c) The factors that may contribute to the

consideration to leave work in nursing academia were pay structure, work related issues, student issues, family issues, and pursuing other interests.

The following themes emerged as viable and sustainable recruitment and retention strategies: (a) desirable working environment, (b) mentorship, and (c) collaborative relationships. In addition, themes presented that helped understand the perception of practicing nurses about nursing academia were the disconnection between nursing academia and clinical practice and the philosophy of teaching. A common thread among the participants was the perception that teaching was a privilege, a gift, an honor and a choice.

The following were the major themes and sub-themes that emerged from the three major points of reflection:

*1. The Decision to Pursue Work in Nursing Academia*

Theme 1: Passion for Teaching/Drawn to Teaching

Passion is reflected in an individual's words and actions. Passion for teaching is often mentioned as a driving force for most practicing nurses to engage themselves in nursing academia (Neese, 2003; Fitzpatrick, 2004). Twelve of the participants (60%) revealed their passion for teaching or exposed events or situations in their lives that drew them to nursing academia. The participants were not only proud about their decision to be in nursing academia but also saw it as a good fit. Participants view teaching as an honor.

Participants mentioned that there were driving forces such as family and close friends that drew them to nursing academia. Family and close friends provided encouragement to engage in nursing academia as a profession. The perception that being in nursing academia was being in a "culture of excellence" was influential. The

environment that one chooses to associate with has some impact on one's attraction to nursing academia. An environment full of family, friends, and colleagues who support this attraction was vital in enticing practicing nurses to be in nursing academia. The attraction was almost contagious and exhilarating for some. Nursing education leaders must be proud to be in a "culture of excellence" and feel satisfied that they are surrounded by knowledgeable and caring nursing educators who are in nursing academia for more than the monetary compensation.

<div align="center">Theme 2: Giving Back and Value of Teaching</div>

The value of teaching is one that cannot be ignored in the nursing profession. More so, giving back seems to be a way of life in the nursing profession. Practicing nurses who feel very competent and confident pursue teaching as a desire to give back to the profession (Castledine, 2002; Demarco, Brush & Dyllis, 2004; Johnson-Crowley, 2004). Keeping current is viewed by some practicing nurses as a way to share their knowledge with future nurses, hence the value of teaching (Diekelmann, 2005). Six of the participants (30%) discussed their desire to give back and the value of teaching future nurses who will be caring for them and their family members. Three (15%) of the participants mentioned that the nursing profession was about giving back, a philanthropy that was expected.

In a way, giving back is about positively influencing others to make the profession continue to develop into a "culture of excellence" as mentioned above; giving back is exemplified by teaching the individuals who will follow. The vision of nursing education leadership is to entice practicing nurses to nursing education, and impart information that there is more to the value of the nursing profession than to practice

clinically. The desire to share the knowledge and insights that practicing nurses were able to acquire from their experience is invaluable to future nurses.

<div align="center">Theme 3: Love for Learning</div>

Learning is more than the acquisition of knowledge. Knowledge is a powerful tool in today's rapidly changing healthcare environment, but the use of knowledge is only the beginning of one's life's journey. Practicing nurses who find their transformation in nursing academia as an avenue for life-long learning are quite inspiring. The ability to grow as a nursing faculty in a supportive environment can be an enticing factor to be in nursing academia (Hessler & Ritchie, 2006). Four (20%) of the participants confidently wrote that it was their love for learning which had drawn them to nursing academia. Two participants expressed their love for learning emphatically.

Practicing nurses who are life-long learners find satisfaction in their ability to be in a community of intellectual partners. The goal is to stimulate one's mind; practicing nurses can find the nursing academia as the meeting of powerful minds. Intellectual partnership with students and colleagues must be fostered. Nursing education leaders can take this as an opportunity to cultivate the minds of practicing nurses starving for stimulation.

<div align="center">Theme 4: Flexibility</div>

The desire to have flexibility in one's job normally refers to a work schedule or the ability to have a balance in one's life (Hessler & Ritchie, 2006). Four (20%) of the participants passionately wrote about the value of flexibility in their lives as practicing nurses in nursing academia. This percentage may be small but the significance of this theme is often downplayed; practicing nurses are also mothers, daughters, spouses,

sisters, and caregivers. These roles played heavily on the need to have some flexibility in one's job. Flexibility is often seen as having trade-offs. The trade-off for a reduction in pay was well worth the transformation to nursing academia. Flexibility is often translated as a great reward to ones' hard work. Individuals wanted their own needs met and then they were able to perform best. Nursing education leaders can see a potential recruitment effort to encourage practicing nurses to strive for a life in nursing academia that may not be offered in a lot of clinical nursing practice.

*2. The Continued Desire to Work in Nursing Academia*

Theme 1: Dynamics of Teacher and Student Relationship

The challenges of meeting the needs of the current make-up of nursing students in nursing schools can impact a faculty's desire to continue working in nursing academia (Diekelmann, 2005; Hessler & Ritchie, 2006; Holloway, 2005; McGregor, 2005). Sixteen (80%) of the participants overpoweringly wrote that the dynamics of teacher and student relationship did in a very positive way affect the participant's continued desire to work in nursing academia. The rewards of a positive teacher-student relationship can set the tone for a good working environment in nursing academia. The challenges of the teacher-student relationship is often described in a positive light and fascination,

Two (10%) of the participants discussed the negative relationships with students but these negative relationships were often overshadowed by the positive relationships. Participants saw an opportunity to again influence future nurses. The priority is to help all students become confident in their ability to meet the nursing community expectations and to succeed at being qualified healthcare professionals. The end result is to have high standards and current practice. The motivation to have a dynamic teacher-student

relationship is creating successful nursing careers for the interested students. Nursing education leadership should foster dynamic teacher-student relationships despite some challenges in forming cordial relationships.

## Theme 2: Opportunities

Opportunities provide a momentum for practicing nurses to make a decision to stay in or leave the profession of teaching (Hessler & Ritchie, 2006; Wilson, 2006). Opportunities mentioned by the participants included both professional and personal growth. Six (30%) of the participants eloquently wrote about the value of opportunities in nursing academia. The opportunities are many such as consulting requests, continuing education, and learning from students.

Opportunities were often seen as a desire to continue work in nursing academia. The attraction to nursing academia continues because of these opportunities. Nursing education leaders should take the time to understand the interpretation of opportunities from their workforce. The importance of some opportunities to a group of nursing educators may not have the same value to another group of nursing educators.

## Theme 3: Continuous Learning about Self

Individual learning is an exciting process: realization about individuality as a nurse or as a nursing educator comes with constant reflection and openness to the environment. In nursing academia, learning is ubiquitous. Learning is more than just a body of knowledge; it is a self-reflection of an individual's being. Four of the participants (20%) wrote about the impact of nursing academia to their personal and professional life. Personal and professional life matured and developed. The opportunity to learn about

oneself can be a reflective journey. The inference from such reflections is that the nursing teaching profession provides a path to self discovery.

The process of learning continues to evolve. Students make an impact to nursing educators. The bond that practicing nurses who are in nursing academia have with their students is invaluable. Nursing education leaders can implement programs to continue to encourage this self discovery.

*3. The Consideration of Leaving Work in Nursing Academia.*

Theme 1: Workplace related issues

Good working relationships make a better working environment. Workplace dissatisfaction can be a potential contributing factor for practicing nurses to leave nursing academia (Brendtro & Hegge, 2000; McCullogh, 2003; Wilson, 2006). Eleven of the participants (55%) listed workplace related issues such as non-cordial relationships with other faculty and administrators, excessive workload, and lack of recognition as factors to their consideration of leaving work in nursing academia. The relationship among faculty is one that does not necessarily support teamwork. Excessive workloads were presented as a hindrance to growth and professional development; lack of time was a barrier. Recognition for hard work was important as well.

*Sub-theme 1: Non-cordial relationships with other faculty*

Non-cordial relationships with other faculty were a barrier to a working environment that strives for a "culture of excellence". The reality is sad that faculty maybe referred in a negative light but possibly true. Faculty in general may not necessarily understand the impact of uncaring actions to the profession of teaching—specifically nursing. Nursing education leaders must be encouraged to look beyond the

shortage of nursing faculty as an opportunity to look at the cohesiveness of their nursing faculty.

*Sub-theme 2: Excessive workload*

Excessive workload was often a deterrent to pursuing work in nursing academia and the pressure to keep up the excessive workload was a factor in one's decision to leave work in nursing academia. Each individual subjectively defined excessive workload and recorded the amount of hours required to complete one's task. An example of perceived excessive workload maybe excessive committee work requirements and student advising responsibilities.

The ability to balance one's responsibilities in an academic position was viewed as a hardship. These days practicing nurses are looking for ways to get more for their money and most of them then to turn to clinical practice for the solution. Reassessment of these workload issues by nursing education leaders is vital: exhausted faculty do not produce excellent outcome.

*Sub-theme 3: Lack of recognition*

As human beings, the craving to be recognized is not unusual. Recognition provides a sense of self worth and portrays a sense of doing an excellent job. Practicing nurses who are in nursing academia appear to want the same recognition that they possibly get in clinical practice. Nursing education leaders can use recognition as a supportive stance for a job well done.

## Theme 2: Pay Structure

Pay structure is a contributing factor to help recruit and retain practicing nurses in academia (Allen, 2008; Shapiro & Blom-Hoffman, 2004: Wilson, 2006). Practicing

nurses make more money in clinical practice than in nursing academia (Bonnel & Starling, 2003; Gormley, 2003; Roberts, 2005). Most of the participants discussed pay structure, though some of the participants did not mention pay at all unless prompted. Only one of the participants mentioned good salary. This participant who has been in nursing academia for more than ten years appeared content with the amount of salary she is making in nursing academia. Ten of the participants (50%) discussed the impact of pay structure in nursing academia to their personal and professional life.

Adjunct faculty find themselves as an invaluable partner in today's nursing faculty shortage but are not compensated appropriately. Salary is equated to worth in some instances as it relates to the workload. The dissatisfaction to the methodology of compensation also supported the notion that nursing academia does not value their partners in educating future nurses.

For some of the participants, pay structure forced them to critically evaluate the benefit of this attraction to nursing academia. The option to stay in or return to clinical practice was much more enticing if the decision was to support a financial need with less workload to endure. Nursing education leaders can use the pay structure request as an opportunity to begin dialogue with stakeholders in providing the financial support. The possibilities are out there but the question is "Has it been explored?"

Theme 3: Other Interests to Pursue

The persuasive reasons to stay in nursing academia can be overshadowed by the desire to pursue one's interest outside of nursing academia or even nursing in general (Yam, 2004). Four of the participants (20%) wrote that other interests could influence their consideration of leaving nursing academia. Practicing nurses have individual

interests with a potential source of income that are outside of nursing academia. Individuals tend to pursue their sense of being and try to transform their lives according to their desires, needs, and wants (Borst & Jones, 2005; Castledine, 2002). Nursing education leaders should be aware that individuals strive to do things that are gratifying, therefore, encouraging a dual role to complement nursing educators desire to grow beyond their teaching role can be rewarding.

### Theme 4: Family Related Issues

Most practicing nurses in nursing academia perform many other (often caretaking) roles in their personal lives: they are also spouses, mothers, daughters, and sisters. The desire to fulfill these obligations with family was important to these nursing educators. The responsibility to the family often overshadowed career or work obligations (Wieck, 2003). Three (15%) of the participants discussed the impact of family related issues and the consideration of leaving nursing academia. Accommodations to assist practicing nurses in fulfilling their caretaking roles at home and continue to be a part of nursing academia are definitely worth exploring. Nursing education leaders must understand these caretaking roles as they may be the same roles that they face themselves.

### Theme 5: Student Related Issues

Students can be a source of joy or despair for practicing nurses in nursing academia. Students today may have different intentions in pursuing nursing as a profession (McGregor, 2005). Two of the participants (10%) discussed the impact of student related issues on their consideration of leaving nursing academia. The caliber of

students that seems to be attracted to the nursing profession in these economic times does not appear to have a commitment to the principles and ideals of the nursing profession.

Though the dynamics of teacher and student relationship was discussed as a contributing factor to continue work in nursing academia, this same dynamic in a negative light could be a consideration to leave nursing academia. The interesting finding was that there was not much of a discussion of negative teacher-student relationship by the participants. Nursing education leaders can find ways to mediate a negative teacher-student relationship to highlight the enigma of this relationship in a positive way.

<p align="center">Viable Suggestions to Nursing Education Leadership</p>

The face-to-face interviews validated and clarified the themes extracted and synthesized by the three major points of reflection. Themes in relation to the perception of practicing nurses about nursing academia and viable suggestions to nursing leadership about sustainable recruitment and retention were extracted and synthesized. The following is a summary of the themes and sub-themes that emerged from the transcribed dialogue and its interpretations.

<p align="center">Theme 1: Desirable environment for faculty</p>

Environment can be the physical, psychological, social, and cultural aspects of one's sense of being. As human beings, individuals want to be surrounded by a comfortable environment and this includes their place of work. The creation of a desirable environment requires a lot of consideration.

The sub-themes that emerged for a desirable environment were tangible benefits, support for each other, and adequate resources. Sixteen of the participants (80%) eloquently mentioned a desirable environment situation for them. The environment

described by the participants was basic to meeting their needs as a nursing educator. The participants were looking for more just than tangible benefits of their jobs; they also valued a supportive environment. One participant pointed out that the nursing profession was, historically, a caring profession, and this impression should speak for the way nursing faculty is treated. Nursing education leaders need to consider what systems in place are working and not working and look at the best way to implement and evaluate these systems.

Theme 2: Qualities and Characteristics of Nursing Educators

Qualities and characteristics of practicing nurses who are working in nursing academia can tell a story about the person itself. A person's sense of being can be translated to the transformation of their choices in life such as being a practicing nurse in nursing academia (Costello-Nickitas, 1994; O'Connor, 2002).Fifteen of the participants (75%) mentioned the following qualities in themselves or colleagues who were in nursing academia: knowledgeable, good listener, good communicator, organized, good sense of humor, patient, people person, high moral character, and compassionate. The qualities and characteristics mentioned during the semi-structured interviews represent a group of practicing nurses who cared and wanted to give back to the students and community at large.

Based on Arruda's (2005) work, these nursing educators are practicing nurses who have become self actualized and want to help others do the same. The desire to help others is about giving back to the nursing profession. The practicing nurses are compassionate in their desire to produce quality nurses. Practicing nurses who desire to

be nursing educators have unique qualities and characteristics that can be cultivated by nursing education leaders.

## Theme 3: Mentorship

Mentorship plays a crucial role in the retention of practicing nurses (Grindel, 2004; Shapiro & Blom-Hoffman, 2004). Thirteen of the participants (65%) mentioned that having a mentor was definitely helpful as a novice faculty. Informal mentors were mostly mentioned by the participants during their interviews. Mentorship of any type is valued. The sense of having someone there for support can be reassuring, especially for novice faculty.

The formal mentorship mentioned by the participants alluded to formal orientation as a new faculty. In addition, a mentor could be instrumental in introducing the novice faculty to the culture of the organization. The support from a mentor is invaluable. Nursing education leaders can best utilize formal or informal mentorship programs as another level of support in their infrastructure. A nursing education leader who models a caring and compassionate mentorship can attract practicing nurses into a new transformation of a career in nursing academia.

## Theme 4: Philosophy of Teaching

Nine of the participants (45%) mentioned their philosophy of teaching as a guiding force to continuing their journey in nursing academia. The sense of philosophy appears to embody their sense of who they are as teachers. The discussion about participants' philosophy of teaching proposed good destiny of where one wants to be that happens for a reason.

Each participant's philosophy translated to their continued desire to be in nursing academia and what they saw as the future of nursing academia. The reflection of participants' philosophy reflected the uniqueness of the nursing career to justify their continued desire to teach as well as the perception of nursing academia. Nursing is a noble profession surrounded by dignified people who want to produce compassionate future nurses. The nursing education leaders live this philosophy and value the growth of a noble profession.

Theme 5: Disconnection between clinical practice and nursing academia

The theme that emerged regarding the perception of practicing nurses about nursing academia was the disconnection between clinical practice and nursing academia. The perception was that nursing academia remains to be an ivory tower that is quite unreachable by practicing nurses. The ongoing inquiry is the separation between research and publishing with the clinical practice. This perception is changing with the hiring of both adjunct and full-time faculty who are immersed in their clinical practice.

Seven of the participants (35%) felt that maintaining currency was integral to educating future nurses. The participants who mentioned currency were all active in clinical practice. Theory that is taught must be congruent to practice which is important to today's changing healthcare environment (Diekelmann, 2005; Johnson-Crowley, 2004). Some of the participants mentioned that they pursued higher education not necessarily to teach in nursing academia but because they were interested in expanding their knowledge base. Nursing education leaders must understand that higher education is valued by clinical practicing nurses as well and can be recruited to share their experience and expertise in producing future nurses.

Theme 6: Collaborative Relationships

Four of the participants (20%) suggested that a possible solution to address the shortage of nursing faculty was by forming collaborative relationships within and outside of the nursing academia. Collaborative relationships can be successful if pursued with the intention that the mission of both entities is the same. These relationships are meant for clinical and academia to unify their expertise and resources for a product that supports "culture of excellence". Nursing education leaders can work with healthcare clinical leaders and join forces to solve these issues of supply and demand of nursing faculty. Some practicing nurses who are in clinical practice are qualified to be partners in educating future nurses. Collaborative relationships seem appropriate but implementation requires cooperation that will not necessarily exhaust the resources.

Theme 7: Being a teacher is a privilege, a gift, an honor, a choice!

All participants passionately discussed who they are as a practicing nurse in nursing academia. For all of them, being a nursing educator is who they are. This theme exemplified the perception of practicing nurses about nursing academia and the attraction to this noble profession of teaching future nurses. For a participant to say that being in nursing academia was a "terrific place to be" (A1), it sums up a feeling of great satisfaction.

The choice of being in nursing academia was a decision that some participants felt was a focus to pursue. The focus translated to obtaining higher education to be able to teach. Some participants had reflections of disbelief that practicing nurses would not even think of sharing their expertise and experience. The choices individuals make translates to either their attraction or lack of attraction to nursing academia. Nursing education

leaders desiring to find solutions to this nursing faculty shortage should be encouraged to have a watchful eye on practicing nurses' comments on who they are as a being.

<center>Recommendations and Implications</center>

The data from this research addressed the purpose of the study by exploring the perceptions of practicing nurses in nursing academia regarding the factors in pursuing work in nursing academia, the factors in continuing to work in nursing academia, and the factors in consideration of leaving work in nursing academia. The data also addressed perceptions of practicing nurses about nursing academia and viable solutions to address the nursing faculty shortage. The participants willingly shared their written reflections and expounded on their reflections through the semi-structured, face-to-face interviews. Data were analyzed and emerging themes provided some insights to the research questions.

Attraction to nursing academia by practicing nurses can be interpreted from a broad theoretical concept as presented in Chapter 1. Parse theory of man-living-health theory (Costello-Nickitas, 1994) helped to understand the human perspective associated with being a nurse educator, which is a life choice. An understanding of a person's values, personality and beliefs are crucial in this chosen path of being a nurse educator. This study presented several qualities and characteristics that were perceived by the participants as contributing factors to their desire to pursue and desire to continue in nursing academia. These qualities and characteristics are meant to be nurtured in practicing nurses.

The recommendations inferred by the perceptions of practicing nurses about nursing academia were (a) nurture, competency, and currency; and (b) value teaching.

Competency and currency are essential links to the culture of the teaching profession specifically nursing. Nursing is a profession that involves both didactic and practical components. The blending of these two components is essential for the production of competent and caring nurses. When competency and currency are fostered, teaching is particularly valued.

The recommendations for viable solutions to recruit and retain nursing educators are (a) create and maintain desirable environment, (b) create and evaluate mentorship programs, and (c) develop pay structures similar to the clinical practice. A desirable environment requires a lot of development. Nursing leaders must be willing to assess, implement, and evaluate on a continuous basis the working environment to make it desirable.. Additional resources are required to implement programs such as mentorship to create a more desirable environment. Lastly, pay structures always seem to be low in the teaching profession (Falk, 2007), but the necessity to have an invigorated group of nursing educators prompts a reflection of their worth in pay commensurate with their clinical partners.  The creation and maintenance of a desirable working environment by nursing leaders reflect a sincere interest in retaining nursing educators.

<div align="center">Limitations</div>

The geographical limitation of the study and the gender limitation of the study could be further explored and potentially give more diverse insights into the purpose of the study. The geographical locations of participants may have an impact on the attraction of practicing nurses to nursing academia. Male practicing nurses who are in nursing academia may have a different perspective about the being a nurse educator.

The researcher's educational background and experience as a practicing nurse in nursing academia brought a lot of excitement to the overall study. The ability to provide an objective perspective during the data collection and analysis process could have been influenced by the researcher's experience, but every attempt was made to minimize subjective judgments. The researcher restrained from validating and clarifying questions that could be perceived as leading the participants to a desirable answers. The participants' willingly shared their reflections and clarified their points without being reticent. The environment was quite congenial before, during, and after the interview, and participation appeared to have sparked some excitement. Interestingly, the focus of the reflections and dialogue was very positive and did not evoke a lot of negativity with most of the participants.

## Significance of Study to Leadership

The shortage of practicing nurses in nursing academia is at a crisis level (Hinshaw, 2005; Lewallen et al., 2003; Robinson, 2005; Schuman, 2003; Tanner; 2005). Nursing leaders are aware of this crisis and the resulting consequences. This study presented the positive light of the attraction of practicing nurses to nursing academia. Despite some minor dissatisfaction of being in nursing academia, the participants of the study were open to sharing their sense of being a nurse educator and reasons for being in nursing academia.

The importance of the study was to show that practicing nurses chose the transformation from being practicing nurses in clinical practice to being practicing nurses in nursing academia. The meaning of this study is vital to understanding the attraction of practicing nurses to nursing academia. The sense of attraction to nursing academia is

almost in their genes and nurtured by situations that comes upon them in their life and the people around them.

The significance of this study was timely because a serious shortage of nursing educators is evident. Well-prepared and qualified nursing educators are required in order to support the production of competent and caring nurses and alleviate the problem of an aging nursing workforce. The significance of the study was that nursing leaders are attentive to finding solutions to address the crisis. The participants in this study took the time to reflect and also dialogued on what they had seen had worked or might work as viable solutions to address this nursing faculty shortage. Solutions are good but they need to be sustainable for a long lasting effect. The solutions presented in this study narrow down to one key point: the creation of a desirable working environment. A nursing leader's role is to support a congenial, nurturing, compassionate, collaborative, and accommodating working environment. A desirable working environment for any job is not a new concept, but considering what nursing educators want as a tradeoff for low pay structure can be worth exploring.

Another significance of the study was the knowledge acquired from the practicing nurses that were in nursing academia. For example, the qualities and characteristics of nursing educators represent the type of nurses that are attracted to nursing academia. Nursing leaders can identify and recruit practicing nurses who enjoy teaching in their clinical position for a position in nursing academia even on an adjunct basis. Nursing leaders can help recruit nursing educators by building on the strengths of potential practicing nurses who may want to consider joining nursing academia. These recruitment efforts should start at an early stage. For example, mentoring and modeling to graduate

nurses who have assimilated the value of giving back to the profession as nursing educators.

The findings show that nursing leadership needs to assess the current nursing faculty shortage from different vantage points. The perspectives should come from, but not be limited to, the practicing nurses in nursing academia and clinical practice, the hospital administrators, community stakeholders, and business stakeholders. The healthcare needs are changing and so is the type of individuals responsible to educate future nurses. Practicing nurses in nursing academia want flexibility, opportunities, recognition, cordial relationships, and pay structure commensurate with their clinical counterparts and workload.

Nursing leaders can transform nursing into a true profession where professional cohesion is exemplified (Yam, 2004). The practicing nurses in nursing academia are in nursing academia for personal and professional reasons. The ability to appreciate and understand the philosophy of practicing nurses who are in nursing academia can help enlighten the needs of the profession. The community as a whole has a better appreciation of the nursing profession and the role they play in today's healthcare climate. Society in general, and key stakeholders, are interested in these results to help in transforming some of the funding issues that are available to help alleviate this crisis. A transformational opportunity is clearly in order (Clark, 2002).

The body of knowledge gathered can provide nursing leadership with some insights to further recruit and retain nurse educators. The nursing profession may use the body of knowledge to attract practicing nurses and educate future nurses who can help

alleviate the current shortage of nurse educators. Being a practicing nurse in nursing academia has a realistic value in today's society.

Future Recommendations for Research

This research study addressed the attraction of nursing academia to practicing nurses. A recommendation for future research is an exploration of viewpoints of practicing nurses entering nursing academia for the first time and following them through at certain time intervals to assess the evolving nature of the career choice. Another recommendation is including men in the sample to determine if the study findings can be generalized to both genders. Other future research recommendations include investigating: (a) the effects of formal versus informal mentoring programs in nursing academia, (b) the value of collaborative relationships between nursing programs and healthcare institutions, (c) a comprehensive tangible benefit package for nursing educators and assessment of its significance, and (d) an assessment of qualities and characteristics of practicing nurses in nursing education.

Summary and Conclusion

This qualitative phenomenological study explored the contributing factors that attracted practicing nurses to pursue a career in nursing academia and the desire to continue in nursing academia. Contributing factors that may have resulted in the desire to leave work in nursing academia were also explored.  The theoretical framework proposes that the process of choosing life goals, such as becoming a nurse educator, is confronted by the struggle to understand one's values, personality, and beliefs (Costello-Nickitas, 1994). The literature supports that a holistic professional community of nursing can use the current nursing faculty shortage as an avenue for a transformational opportunity by

listening to the needs of the workforce (Bellack, 2004; Clark 2002; Hinshaw, 2005; Robinson, 2005; Tanner, 2005). According to the participants, their qualities characteristics, values, beliefs, and philosophy played a role in their decisions to become nursing educators and stay in that career choice. Solutions to the current faculty shortage were about a change in paradigm to make the transformation necessary as supported by participants. The themes varied among participants, but the overall sense of transformational opportunity as a cohesive nursing community was apparent. Nursing leaders and community stakeholders are held accountable to help resolve the current crisis of nursing faculty shortage.

Chapter 5 concludes this research study. The written reflections and transcribed dialogues were analyzed using the methodology described in Chapter 3. Chapter 4 presented the data results and emerging themes. The findings revealed several themes in relation to the decision to pursue work in nursing academia: (a) passion for teaching/drawn to teaching, (b) giving back and value of teaching, (c) love for learning, and (d) flexibility. With regard to the continued desire to work in nursing academia, the following themes were evident: (a) dynamics of teacher and student relationship, (b) opportunities, and (c) continuous learning about self. With respect to possible contributing factors to consider leaving work in nursing academia, the results showed several themes: (a) workplace related issues, (b) pay structure, (c) other interests, (d) family related issues, and (e) student related issues. The data analysis generated several themes regarding perceptions about nursing academia and viable solutions to help alleviate the nursing faculty shortage: (a) disconnection between academia and clinical

practice; (b) qualities and characteristics; (c) desirable environment; (d) mentorship; (e) collaborative relationships; and (f) philosophy of nursing.

Recommendations provoke a change in paradigm thinking and encourage nursing leaders and community stakeholders to look at the current system of infrastructure with critical eyes. Change of paradigm requires grassroots efforts to create viable and sustainable solutions. The unselfish analysis of infrastructure must come with the desire to truly come together as a community who wants the best for nursing academia.

REFERENCES

Albaugh, J. (2004). Resolving the nursing shortage: Legislative issues. *Urologic Nursing, 24*(3), 214-215. Retrieved July 19, 2005, from ProQuest database.

Allen, L. (2008, Jan-Feb). The nursing shortage continues as faculty shortage grows. *Nursing Economics 26*(1), 35-41. Retrieved September, 15, 2008, from Gale database.

Allison-Jones, L., & Hirt, J. (2004). Comparing the teaching effectiveness of a part-time and full-time clinical nurse faculty. *Nursing Education Perspectives, 24*(5), 238-243. Retrieved February 21, 2006, from ProQuest database.

American Association of Colleges of Nursing. (2003, May). *Faculty shortage in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply*. Retrieved February 9, 2006, from ERIC database.

American Association of Colleges of Nursing. (2005, June). *Faculty shortage in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply*. Retrieved August 4, 2007, from http://www.aacn.nche.edu/Publications/WhitePapers/FacultyShortages.htm

American Nurses Association. (2001). *Analysis of American Nurses Association staffing survey*. Retrieved August 5, 2007, from http://www.nursingworld.org/staffing/ana-pdf.pdf

Arruda, E. (2005). Better retention through nursing theory. *Nursing Management, 36*(4), 16-18. Retrieved February 28, 2006, from Journals@Ovid database.

Bankert, E., & Kozel. V. (2005). Transforming pedagogy in nursing education: A caring learning environment for adult students. *Nursing Education Perspectives, 26*(4), 227-230. Retrieved March 27, 2006, from ProQuest database.

Bargagliotti, L. (2003). Reframing nursing education to renew the profession**.** *Nursing Education Perspectives, 21*(1), 13-15. Retrieved February 7, 2006, from ERIC database.

Barnard, A., McCosker, H., & Gerber, R. (1999). Phenomenography: A qualitative research approach for exploring understanding in healthcare. *Qualitative Health Research, 9*(2), 212-226. Retrieved March 11, 2006, from EBSCOhost database.

Barron, D., & West, E. (2005). Leaving nursing: An event-history analysis of nurses' careers. *Journal of Health Sciences Research and Policy, 10*(3), 150-157. Retrieved March 26, 2006, from ProQuest database.

Bass, B. M. (1990). *Handbook of leadership: Theory, research & managerial applications* (3rd ed.). New York: The Free Press.

Bellack, J. (2004). One solution to the faculty shortage—Begin at the end**.** *Journal of Nursing Education, 43*(6) 243-244. Retrieved February 9, 2006, from ProQuest database.

Berg, J., & Shellenbarger, T. (1998). Finding the right faculty: The important job of the search committee**.** *Nurse Educator, 23*(6), 38-41. Retrieved February 28, 2006, from Journals@Ovid database.

Bonnel, W., & Starling, C. (2003). Nurse educator shortage: New program approach. *Kansas Nurse, 78*(3), 1-2. Retrieved February 9, 2006, from ProQuest database.

Borst, C., & Jones, K. (2005). As patients and healers: The history of women and

    medicine. *Magazine of History, 19*(5), 23-26. Retrieved March 26, 2006, from

    ProQuest database.

Bower, F., & McCullough, C. (2004). Nurse shortage or nursing shortage: Have we

    missed the real problem. *Nursing Economics, 24*(4), 200-203. Retrieved

    September 22, 2004, from InfoTrac database.

Burns, N., & Grove, S. (2001). *The practice of nursing research: Conduct, critique and*

    *utilization.* (4th ed.). Philadelphia: W. B. Saunders.

Castledine, G. (2002). Giving and serving are key elements in nursing. *British Journal of*

    *Nursing, 11*(9), 658. Retrieved March 16, 2006, from ProQuest database.

Chou, S., Tang, F., Teng, Y., & Yen, M. (2003). Faculty's perceptions of humanistic

    teaching in nursing baccalaureate programs. *Journal of Nursing Research, 11*(1),

    57- 63. Retrieved February 9, 2006, from EBSCOhost database.

Clark, C. (2002). The nursing shortage as a community transformational opportunity.

    *Advances in Nursing Science, 25*(1), 18-31. Retrieved February 28, 2006, from

    Journals@Ovid database.

Clarke, K., & Iphofen, R. (2006). Issues in phenomenological nursing research: The

    combined use of pain diaries and interviewing. *Nurse Researcher, 13*(3), 62-75.

    Retrieved July 30, 2006, from ProQuest database.

Connolly, C., & Rogers, N. (2005). Who is the nurse? Rethinking the history of gender

    and medicine. *Magazine of History, 19*(5), 45-49. Retrieved March 26, 2006,

    from ProQuest database.

Cook, P., & Cullen, J. (2003). Caring as an imperative for nursing education. *Nursing Education Perspectives, 24*(4), 192-197. Retrieved February 19, 2006, from InfoTrac database.

Costello-Nickitas, D. (1994). Choosing life goals: A phenomenological study. *Nursing Science Quarterly, 7*(2), 87-92. Retrieved July 30, 2006, from ProQuest database.

Creswell, J. W. (2002). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Pearson.

DeMarco, R., Brush, B., & Dylis, A. (2004). Nursing and academic merit: Is there a fit? *Journal of Nursing Education, 43*(12), 533-538. Retrieved February 24, 2006, from ProQuest database.

Devane, D., Begley, C., & Clarke, M. (2004). *Journal of Advanced Nursing, 47*(3), 297-302. Retrieved April 14, 2007, from EBSCOhost database.

Diekelmann, N. (2005). Keeping current: On persistently questioning our teaching practice. *Journal of Nursing Journal, 44*(11), 485-488. Retrieved February 24, 2006, from ProQuest database.

Diekelmann, N., & Gunn, J. (2004). Teachers going back to school: Being a student again. *Journal of Nursing Education, 43*(7), 293. Retrieved October 6, 2004, from ProQuest database.

Donelan, K., Buerhaus, P., Ulrich, B., Norman, L., & Dittus, R. (2005). Awareness and perceptions of the Johnson & Johnson Campaign for nursing's future: View from nursing students, RNs and CNOs. *Nursing Economics, 23*(4), 150-156, 180. Retrieved February 12, 2006, from EBSCOhost database.

Donley, R. (2005). Challenges for nursing in the 21st century. *Nursing Economics, 23(*6),

    312-318. Retrieved February 9, 2006, from ProQuest database.

Doutrich, D., Hoesksel, R., Wykoff, L. & Thiele, J. (2005). Teaching teachers to teach

    with technology. *The Journal of Continuing Education in Nursing, 36*(1), 25-32.

    Retrieved April 4, 2007, from ProQuest database.

Ellen, R. (2001, August). Supportive work environment for nursing faculty. *Advanced*

    *Practice in Acute Critical Care, 12*(3), 401-410. Retrieved February 28, 2006,

    from Journals@Ovid database.

Falk, N. (2007). Strategies to enhance retention and effective utilization of aging nurse

    faculty. *Journal of Nursing Education, 46*(4), 165-170. Retrieved April 15, 2007,

    from ProQuest database.

Fitzpatrick, M. (2002). "I" is for image. *Nursing Management, 33*(6), 6. Retrieved

    February 24, 2006, from ProQuest database.

Gardner, J. (2005). A successful minority retention project. *Journal of Nursing*

    *Education, 44*(12), 566-568). Retrieved February 24, 2006, from ProQuest

    database.

Gazza, E., & Shellenbarger, T. (2005). Successful enculturation: Strategies for retaining

    newly hired nursing faculty. *Nurse Educator, 30*(6), 251-254. Retrieved February

    28, 2006, from Journals@Ovid database.

Godfrey, C. (2005). African American nursing faculty: Where are they? *American Black*

    *Nursing Faculty Journal, 16*(1), 11-13. Retrieved February 9, 2006, from

    ProQuest database.

Gonsoulin, W. B., Ward, R. E., & Figg, C. (2006). Learning by leading: Using best practices to develop leadership skills. *Education, 126*(4), 690-702. Retrieved August 7, 2006, from ProQuest database.

Gormley, D. (2003). Factors affecting job satisfaction in nurse faculty: A meta-analysis. *Journal of Nursing Education, 42*(4), 174-178. Retrieved February 24, 2006, from ProQuest database.

Goulette, C. (2008, July). Nursing workforce leaders eye retention as key to fighting the shortage. *Advance for Nurses, 10*(15), 34.

Grindel, C. (2004). Mentorship: A key to retention and recruitment. *Medsurg Nursing, 13*(1), 36-37. Retrieved March 15, 2006, from ProQuest database.

Groenewald, T. (2004, April). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 3*(1). Retrieved July 30, 2006, from EBSCOhost database.

Gubrud-Howe, P., Shaver, K., Tanner, C., Bennett-Stillmaker, et al. (2003, April). A challenge to meet the future: Nursing education in Oregon, 2010. *Journal of Nursing Education, 42*(4), 163-167. Retrieved February 24, 2006, from ProQuest database.

Hessler, K. & Ritchie, H. (2006, May), Recruitment and retention of novice faculty. *45*(5), 150-155. Retrieved September 15, 2008, from ProQuest database.

Hinshaw, A. (2001). A continuing challenge: The shortage of educationally prepared nursing faculty. *Online Journal of Issues in Nursing, 6*(1), 1-14. Retrieved October 7, 2004, from http://www.nursingworld.org/ojin/topic14/tpc14_3.htm

Hodges, H., Keeley, A., & Grier, E. (2005). Professional resilience, practice longevity, and Parse's theory for baccalaureate education. *Journal of Nursing Education, 44*(12), 548-554. Retrieved November 10, 2007, from EBSCOhost database.

Holloway, J. (2003). Sustaining experienced teachers. *Educational Leadership, 60*(8), 87-89. Retrieved May 24, 2005, from EBSCOhost database.

Jacelon, C., & O'Dell, K. (2005). Uses of qualitative research, or so what good is it? *Urologic Nursing, 25*(6), 471-472. Retrieved January 5, 2007, from EBSCOhost database.

Johnson-Crowley, N. (2004). An alternative framework for teacher preparation in nursing. *The Journal of Continuing Education in Nursing, 35*(1), 34. Retrieved April 24, 2005, from ProQuest database.

Jurema, A., Pimentel, M., Cordeiro, T., et al (2006). Disclosing the making of phenomelogical research: setting free the meanings of discourse. *Forum: Qualitative Social Research, 7*(4), 7. Retrieved March 1, 2008, from EBSCOhost.

Kerber, K., & Buono, A. (2005). Rethinking organizational change: Reframing the challenge of change management. *Organization Development Journal, 23*(3), 23-38. Retrieved November 6, 2005, from ProQuest database.

Kerfoot, K. (2003). Learning organizations need teachers: The leader's challenge. *Nursing Economics, 21*(3), 148. Retrieved February 21, 2006, from ProQuest database.

Kest, R. T. (2006). Principles of leadership: Leadership management. *Futurist, 30*(1/2), 52-72. Retrieved August 7, 2006, from EBSCOhost database.

Kevern, J., Ricketts, C., & Webb, C. (1999). Pre-registration diploma students: A

    quantitative study of entry characteristics and course outcomes. *Journal of*

    *Advanced Nursing, 30*(4), 785-795. Retrieved February 19, 2006, from

    EBSCOhost database.

Kezar, A. J. (2001). *Understanding and facilitating organizational change in the 21st*

    *century, Vol. 28*. ASHE-ERIC Higher Education Report. San Francisco: Jossey-

    Bass.

Klestzick, K. (2006). *Nurse faculty supply continues to fall short: NLN's 2006 faculty*

    *census survey shows increased vacancy rates.* Retrieved August 6, 2006, from

    http://www.nln.org/newsreleases/nurseeducators2006.pdf

Ledgsiter, M. (2003). The nursing shortage crisis: A familiar problem dressed in new

    clothes: Part I. *International Journal of Health Care Quality, 16*(1), 11-18.

    Retrieved February 21, 2006, from ProQuest database.

Leuner, J. (2003). The BSN to Ph.D. program: A new solution to the nursing faculty

    shortage at the medical university of South Carolina. *The South Carolina Nurse,*

    *10*(2), 19. Retrieved February 19, 2006, from ProQuest database.

Lewallen, L., Crane, P., Letvak, S., Jones, E., & Hu, J. (2003). An innovative strategy to

    enhance new faculty success. *Nursing Education Perspectives, 24*(5), 257-260.

    Retrieved February 7, 2006, from ERIC database.

Maraldo, P., & Cowan, R. (1991). Empowerment, not numbers, will end nursing

    shortage. *Healthcare Financial Management, 45*(9), 20-26. Retrieved September

    22, 2004, from InfoTrac database.

Marques, J. (2006). Removing the blinders: A phenomenological study of U.S. based

    MBA students' perceptions of spirituality in the workplace. *Journal of American*

    *Academy of Business, 8*(1), 55-61. Retrieved July 30, 2006, from ProQuest

    database.

Mathews, M. (2003). Nurse educator resources: Renew, retain and retool. *The Journal of*

    *Continuing Education in Nursing, 34*(6), 249. Retrieved February 24, 2006, from

    ProQuest database.

McCaslin, M., & Scott, K. (2003). The five-questions for framing a qualitative research

    study. *The Qualitative Report Volume, 8*(3), 447-461. Retrieved March 11, 2006,

    from http://www.nova.edu/sss/QR/QR8-3/mccaslin.pdf.

McCullogh, A. (2003). Where do nurses educators fit? *Nursing Management, 34*(10), 74.

    Retrieved February 24, 2006, from ProQuest database.

McGregor, A. (2005). Enacting connectedness in nursing education: Moving from

    pockets of rhetoric to reality. *Nursing Education Perspectives, 26*(2), 90-95

    Retrieved February 24, 2006, from ProQuest database.

Morin, K., & Kirschling, J. (2004). Where are the leaders? *Journal of Nursing Education,*

    *43*(11), 483. Retrieved February 9, 2006, from ProQuest database.

Myrick, F. & Tamlyn, D. (2007). Teaching can never be innocent: Fostering an

    enlightening educational experience. *Journal of Nursing Education. 46*(7), 299-

    303. Retrieved November 23, 2008, from ProQuest database.

Neuman, W. L. (2002). Social research methods: Qualitative and quantitative approach.

    (5th ed). A and B Publishing: Boston.

O'Connor, M. (2002). Nurse leader: Heal thyself. *Nursing Administration Quarterly,*
*26*(2), 69-79. Retrieved March 25, 2006, from ProQuest database.

Onwuegbuzie, A., & Leech, N. (2005, Fall). The role of sampling in qualitative research.
*Academic Exchange Quarterly 9*(3), 280-285. Retrieved September 27, 2006,
from Thomson Gale database.

Perry, B. (2005, Oct/Nov). Core nursing values brought to life through stories. *Nursing*
*Standard, 20*(7), 41-48. Retrieved July 30, 2006, from ProQuest database.

Pfeil, M. (2003). The skills-teaching myth in nurse education: From Florence Nightingale
to Project 2000. *International History of Nursing Journal, 7*(3), 32-40. Retrieved
February 21, 2006, from ProQuest database.

Pinkerton, S. (2002). A system approach to retention and recruitment. *Nursing*
*Economics, 20*(6), 296. Retrieved February 18, 2006, from
http://www.medscape.com/viewarticle/446159_print

Prochaska, J., Prochaska J., Cohen, F., Gomes, S., et al. (2004). The transtheoretical
model of change for multi-level interventions for alcohol abuse on campus.
*Journal of Alcohol and Drug Education, 47*(3), 34-51. Retrieved August 5, 2007,
from ProQuest database.

Roberts, K. (2005). Nursing's extreme make-over challenge: Unless scientists are cloning
nurses in a secret laboratory, we will have to get more creative in addressing the
nursing shortage. *American Journal of Nursing, 105,* 20-28. Retrieved February
28, 2006, from Journals@Ovid database.

Roberts, P., Priest, H., & Traynor, M. (2006). Reliability and validity in research. *Nursing Standard. 20*(44), 41-46. Retrieved July 30, 2006, from ProQuest database.

Robinson, B. (2005). Minority faculty: Another nursing shortage. *American Black Nurse Faculty Journal, 16*(1), 3-4. Retrieved February 7, 2006, from ProQuest database.

Rudy, E. (2001). Supportive work environment for nursing faculty. *Advanced Practice in Acute Critical Care, 12*(3), 401-410. Retrieved February 28, 2006, from Journals@Ovid database.

Sarmiento, T., Laschinger, H., & Iwasiw, C. (2004). Nurse educators' workplace empowerment, burnout and job satisfaction: Testing Kanter's theory**.** *Journal of Advanced Nursing, 46*(2), 134-143. Retrieved February 24, 2006, from EBSCOhost database.

Schuman, T. (2003, March-April). Where are all the nurses? Demographics, defections lead to severe shortage. *BizVoice,* pp. 16-19. Retrieved February 6, 2006, from ERIC database.

Seidman, I. (2006). *Interviewing as Qualitative Research* (3rd ed.). New York: Teachers College Press.

Seldomridge, L. (2004). Attracting students to the professoriate: A faculty shadowing experience. *Nurse Educator, 29*(6), 256-259. Retrieved February 28, 2006, from Journals@Ovid database.

Shapiro, E., & Blom-Hoffman, J. (2004). Mentoring, modeling, and money: The 3 Ms of producing academics. *School Psychology Quarterly, 19*(4), 365-381. Retrieved July 20, 2005, from ProQuest database.

Simmons, T. (2003, February 3). North Carolina nursing programs find teachers in short

    supply. *Knight Rider Tribune Business News,* p.1. Retrieved February 19, 2006,

    from ProQuest database.

Slekar, T. (2005, Spring). Without 1, where would we begin? Small sample research in

    educational settings. *Journal of Thought, 40*(1), 79. Retrieved September 27,

    2006, from Academic One File Thomson Gale database.

Smith, A. (2002). Responses to the nursing shortage: Policy, press, pipeline and perks.

    *Nursing Economics, 20*(6), 287-290. Retrieved February 24, 2006, from ProQuest

    database.

Smith, D. (2002, March 24). Who's going to fill these shoes? St Joseph steps up its

    recruitment. *Pantagraph,* C1. Retrieved February 19, 2006, from ProQuest

    database.

Southern Regional Educational Board (SREB). (1998). Preparing the workforce for the

    21st century: The nurse educator's challenge. Retrieved February 8, 2006, from

    ERIC database.

Speziale, H., & Jacobson, L. (2005). Trends in registered nurse education programs:

    1998-2008. *Nursing Education Perspectives, 26*(4), 230-235. Retrieved February

    8, 2006, from EBSCOhost database.

*SREB study indicates serious shortage of nursing faculty*. (2002, Feb). Retrieved

    February 8, 2006, from ProQuest database.

Starling, B. (2003). Nurse educator shortage: New program approach. *Kansas Nurse,*

    *78*(3), 1-2. Retrieved February 9, 2006, from EBSCOhost database.

Stevenson, E. (2003). Future trends in nursing employment: The nursing shortage has made choosing the right career path easier**. *American Journal of Nursing, 103*, 19-25. Retrieved February 28, 2006, from Journals@Ovid database.

Stinson, W. (2005). A Deming inspired management code of ethics. *Quality Progress, 38*(2), 67-75. Retrieved August 5, 2007, from ProQuest database.

Swearingen, S., & Liberman A. (2004). Nursing leadership: Serving those who serve others. *The Health Care Manager, 23*(2), 100-109. Retrieved July 30, 2004, from InfoTrac database.

Tanner, C. (2002). Education's response to the nursing shortage: Leadership, innovation, and publication. *Journal of Nursing Education, 41*(11), 467-468. Retrieved February 19, 2006, from ProQuest database.

Tanner, C. (2005). What are our priorities? Addressing the looming shortage of nursing faculty. *Journal of Nursing Education*, *44*(6), 247-248. Retrieved July 20, 2005, from ProQuest database.

Task Group on Recruitment and Retention of Nurse Educators. (2005). *National League of Nursing.* Nurse Educators Workforce Development Advisory Council. Retrieved February 18, 2006, from http://www.nln.org/aboutnln/AdvisoryCouncils_TaskGroups/recruitment.htm

Trossman, S. (2004). Teacher, teach thyself: An ANA-backed campaign hopes to lure more RNs into the role of nurse educators. *American Journal of Nursing, 104*(6), 69-71. Retrieved February 28, 2006, from Journals@Ovid database.

University of Phoenix School of Advance Studies (2007) Institution Review Board Application to Conduct Research Using Human Subjects Guidelines. Retrieved

July 2, 2007, from

https://ecampus.phoenix.edu/DMWeb/LearnerFolders/LearnerUIPages/LearnerMain.aspx

U.S. Department of Health and Human Services Health Resources and Service
Administration. (2001). Projected supply, demand and shortages of registered
nurses: 2000-2020. Retrieved August 4, 2007, from
http://bhpr.hrsa.gov/healthworkforce/nursing.htm

Vivar, C. (2007). Getting started with a qualitative research: Developing a research
proposal. *Nurse Researcher, 14*(3), 60-73. Retrieved April 14, 2007, from
ProQuest database.

Vivilaki, V. & Johnson, M. (2008). Research philosophy and Socrates: rediscovering the
birth of phenomenology. *Nurse Researcher, 16*(1), 84-93. Retrieved March 1,
2009, from ProQuest database.

Walker, C. (2004, Spring). Change readiness: A construct to explain health and life
transition. *The Journal of Theory Construction and Testing. 8*(1), 26-33.
Retrieved July 15, 2006, from ProQuest database

Wickham, M., & Woods, M. (2005). Reflecting on the strategic use of CAQDAS to
manage and report on the qualitative research process. *The Qualitative Report,
10*(4), 687-702. Retrieved August 4, 2007, from
http://www.nova.edu/sss/QR/QR10-4/wickham.pdf

Wieck, K. (2003). Faculty for the millennium: Changes needed to attract the emerging
workforce into nursing. *Journal of Nursing Education, 42*(4), 151-158. Retrieved
February 24, 2006, from ProQuest database.

Williams, M. (2004, August). Nursing school aching for teachers. *Spartanburg Herald–Journal,* B1. Retrieved September 22, 2004, from ProQuest database.

Wilson, C. (2006). Why stay in nursing? *Nursing Management, 12*(9), 1-10. Retrieved April 14, 2007, from EBSCOhost database.

Wittmann-Price, R., & Kuplen, C. (2003). A recruitment and retention program that works. *Nursing Economics, 21*(1), 35-38. Retrieved February 19, 2006, from ProQuest database.

Wren , D.A. (1994). *The evolution of management thought* (4th ed.). New York: John Wiley & Sons.

Xu, Y., & Kwak, C. (2005). Characteristics of internationally educated nurses in the United States. *Nursing Economics, 23*(5), 233-238. Retrieved March 26, 2006, from ProQuest database.

Yam, B. (2004). From vocation to profession: The quest for professionalization of nursing. *British Journal of Nursing, 13*(16), 978-982. Retrieved February 21, 2006, from ProQuest database.

Zungolo, E. (2002). Cultivation of scarce resource: Nurse faculty. *Nursing Education Perspectives, 23*(1), 2. Retrieved February 18, 2006, from ProQuest database.

APPENDIX A: CONTACT INFORMATION

Name: _____

Phone Numbers:   Home:_____   Cell : _____

Address: _____

           _____

Age: _____   Gender: _____

Bachelor's Degree in Nursing  **Circle One**  Yes   No   Year Graduated: _____

Master's Degree in Nursing    **Circle One**  Yes   No   Year Graduated: _____

Doctoral Degree               **Circle One**   Yes  No   Year Graduated:_____

                              **Circle One**:  Ph.D.  Ed.D.  DNSc.  Other_____

Years of Teaching in Nursing**: _____**

Current Employment (Teaching)**: Circle One:**  Private      Public

Program Level (Teaching) :  **Circle One:** Associates      Diploma      Bachelor's degree

                                            Master's Degree          Doctoral degree

**FOR INVESTIGATOR'S USE ONLY**

Date of initial contact: _____  Date package sent:_____

Date of scheduled interview:_____  Reminder calls scheduled for: _____

Receipt (date) of written reflection:_____

Coding Information for Written Reflection and Audio Tapes: _____

APPENDIX B: THANK YOU LETTER FOR INELIGIBLE PARTICIPANTS

Dear (Name of Potential Participant)

Thank you for your interest in participating in this important research project. After our

phone contact on _____date_____, I determined that you were not eligible to

participate in the study because (cite one or more of the qualifications that is/are not met).

If you have any questions, you can email me at investigator's email address or call me at

____phone number___ . If you have any colleagues that you wish to refer to participate

in this study, please feel free to give them the information above to contact me.

Respectfully,

Student's Name, Ed. D. Candidate, R.N.

Student, University of Phoenix Online—Educational Leadership Program

APPENDIX C: WELCOME LETTER FOR PARTICIPATION

Dear (Participant's Name),

Thank you for your interest in participating in this important research project. As you have been made aware during our initial phone contact on (date), you have been determined to be eligible to participate in this research project. Please take the time to review the following information in your packet:

1. Informed consent

2. Contact information

3. Directions for completing the written reflections.

The signed informed consent, confirmed contact information, and written reflections must be returned to me in the self-addressed envelope within 10 working days of the receipt of this packet. You have an option to email me all of the above documents. The informed consent can be scanned and sent electronically.

I will be making contact with you upon receipt of all information to schedule an appointment for the group interview. If you have any questions or concerns, please do not hesitate to call me at (phone number) or email me at (investigator's email address)

You are a valuable asset to this research project, and I thank you in advance for your time and effort.

Respectfully,


Student's name, Ed.D. Candidate, R.N.

Student, University of Phoenix Online—Educational Leadership Program

APPENDIX D: INFORMED CONSENT: PARTICIPANTS 18 YEARS AND OLDER

**Title of Research:** The Attraction of Nursing Academia to Practicing Nurses:

A Phenomenological Study

**Investigator:** student's name, Ed D. Candidate, R.N.

University of Phoenix


It is important that you read the following explanation of the study before agreeing to participate in this research. This informed consent describes the purpose, the procedures, benefits, risks, confidentiality, withdrawal, and financial compensation of the study. The consent form also explains how you would address any questions you may have before, during and after participation in the research.

**Purpose of the Study**

This research study has been designed to explore the practicing nurses' shared experiences of being nurse educators. Student's name, a doctoral candidate at University of Phoenix Educational Leadership online program is conducting this dissertation project in order to learn about the attractiveness of nursing academia to practicing nurses.

**Procedures**

Participation in this study involves two-phases. In the first phase, you will be asked to write a reflection of your experiences as a practicing nurse in nursing academia. This can be completed on paper and returned in a self-addressed envelope provided to you or you can email the written reflection to the researcher at (investigator's email). The second phase is a one-on-one interview with the investigator which will last approximately 90 minutes. The interview will be audio taped by the investigator and transcribed for the

purpose of the data analysis. The interviews will be conducted at one of University of
Phoenix Northern Virginia campus locations, a setting predetermined by the investigator,
and will take place at a mutually convenient time for both the investigator and
participant.

**Benefits**

The anticipated benefits of participation are as follows: (a) an opportunity to discuss
feelings, perceptions, and concerns related to the attraction to nursing academia as a
practicing nurse, and (b) an opportunity to discover the meaning of being a practicing
nurse in nursing academia.

**Risks**

No risks or discomforts are anticipated from your participation in the study. Potential
risks or discomforts may include possible negative emotional feelings when asked
questions during the interview.

**Confidentiality**

The information gathered during this study will be kept in a locked cabinet at the
investigator's home as stipulated by University of Phoenix School of Advance Studies
guidelines, which is three years after the approval of the dissertation project. The
investigator will not have any identifying names on the tapes. The participant's names
will not be available to anyone. The tapes will be destroyed as stipulated in the above
requirement of University of Phoenix for the storage of research data. The results of the
study will be published in the form of a dissertation and may be published in a
professional journal or presented at professional meetings. The results will not be
identified with any participants and will be published in aggregated form. The

information gathered may offer insights in how nursing leaders can further recruit and retain practicing nurses in nursing academia.

**Participation or Withdrawal**

Your participation in this study is voluntary. You are free to withdraw consent and discontinue participation in this research at any time without explanation and without penalty of any kind.

**Financial Compensation**

There will be no cost for participation in the research. You will receive $75 dollars in the mail after the completion of the written descriptions and the interview. If you withdraw from the study at any time, you will not receive the monetary amount stipulated above.

**Questions**

Any questions concerning this research project can be addressed to the investigator via email at <u>investigator's email address</u> or via phone at <u>phone number</u>. You are welcome to review the results of the study after the completion of the project. Please call or email the investigator to set a time to review the results of the study.

**Return of Signed Informed Consent**

Please mail your signed informed consent form with your written reflections in the self-addressed envelope provided.

**By signing this form I acknowledge that I understand the nature of the study, the potential risks to me as a participant, and the means by which my identity will be kept confidential. My signature on this form also indicates that I am 18 years old or older and that I give permission to voluntarily serve as a participant in the study**

**described. I understand that I will receive a copy of this informed consent for my own records.**

_____          _____

**Signature of Participant**                               **Date**

_____

**Participant's Name (Print)**

_____          _____

**Signature of Investigator**                             **Date**

APPENDIX E: DIRECTIONS FOR THE WRITTEN REFLECTIONS

Please read the following directions carefully before starting your written reflection.

1. You can either type your written reflection or write in pen and send it back in the self-addressed envelope in your packet.

2. You may also send your written reflection as a word attachment via email to investigator's email address

3. Please complete your written reflection in a comfortable atmosphere and limit any interruptions if you can.

4. Please answer the following questions in your written reflections:

    A. Discuss the factors that contributed to your decision to pursue work in nursing academia.

    B. Discuss the factors that contribute to your continued desire to work in nursing academia

    C. Discuss the factors that may contribute to your consideration to leave work in nursing academia

5. Please write in a narrative format your written reflections with at least a paragraph but no more than 2 pages for each of the above questions. Please make every effort to write your reflections in one time.

6. Please submit your written reflections within 10 working days of the receipt of this instruction.

Thank You!

APPENDIX F: INFORMED CONSENT TO USE THE PREMISES ONLY

**UNIVERSITY OF PHOENIX**

**INFORMED CONSENT: PERMISSION TO USE PREMISES ONLY**

**University of Phoenix Northern V A Campus**
**Name of Facility, Organization, University, Institution, or Association**

I hereby authorize Edna R. Magpantay-Monroe, doctoral student of University of Phoenix, to use the **premises only** to conduct a study entitled "The Attraction of Nursing Academia to Practicing Nurses: A Phenomenological Study".

Signature

Emily Buzelli
**Print Name**

9/13/07
**Date**

Campus Director - Northern Virginia Campus
**Title**

Northern Virginia Campus Reston, Virginia
**Name of Facility**

APPENDIX G: INTERVIEW PROTOCOL

**Research:** The Attraction of Nursing Academia to Practicing Nurses:

A Phenomenological Study

To: Participant(s)

Thank you for participating in this important dissertation project and for committing time and effort to be here today. I value your unique perspectives and the contribution that you will give to this dissertation project.

My dissertation project is designed to explore practicing nurses' shared experiences of being nurse educators. I am a doctoral candidate at University of Phoenix Educational Leadership online program, and I am conducting this study to learn about the attractiveness of nursing academia to practicing nurses. With the current shortage of nurses and specifically nursing faculty, your contributions to this project may provide some insights about how to recruit and retain nurses in nursing academia.

You have had the initial opportunity to write a reflection about three general questions regarding your thoughts, feelings, and values with respect to nursing academia. These questions were (a) discuss the factors that contributed to your decision to pursue work in nursing academia, (b) discuss the factors that contribute to your continued desire to work in nursing academia, and (c) discuss the factors that may contribute to your consideration of leaving work in nursing academia.

I have read your written reflections and I wanted to explore some of the information you provided for clarity and validation. I am hoping that you will freely share any other experiences that you may have not included in your written reflections. This interview is 90 minutes and will be audio taped. It will focus specifically on clarifying and validating the information you have written. Do you have any questions before we get started? Let's begin………

Open Discussions Validating and Clarifying the Written Reflections

Conclusion: Thank you again for your time. I will be contacting you after the data analysis phase of this research, and offer you an opportunity to review the summary in order to ensure that I have faithfully recorded your views if you wish. If you have any questions prior to me contacting you, please do not hesitate to call or email me.

APPENDIX H: FACE VALIDITY STUDY LETTER

Dear Colleague,

I am conducting a qualitative phenomenological study about the attraction of practicing nurses to nursing academia. The study is a requirement of my doctoral program. The research study is designed to explore the practicing nurses' shared experiences of being nurse educators.

I value your expertise in nursing education so I am asking if you would be willing to give your opinion of my questions for clarity and value. Please do not answer the questions but let me know if you think that questions should remain as presented or have recommendations to reword. There is no compensation for your time in providing your opinion but I will truly value your feedback.

If you are interested in doing this, please see the questions below and you can respond back to this request via email by Monday, March 18, 2008.

    A.  Discuss the factors that contributed to your decision to pursue work in

        nursing academia.

    B.  Discuss the factors that contribute to your continued desire to work in

        nursing academia

    C.  Discuss the factors that may contribute to your consideration of

        leaving work in nursing academia

Respectfully,

Edna R. Magpantay-Monroe, Ed.D. Candidate., R.N.

Doctoral Student, University of Phoenix Online –Educational Leadership

APPENDIX I: THEME: A DESIRABLE ENVIRONMENT

*Sub-theme: Tangible benefits*

A4: Pay is the number one, I think.  My opinion just to add to that is that I really –
- this is just my opinion only -- that there's no nursing shortage.  There is a nursing
faculty shortage and they need to look at the pay.  They need to -- I'm not saying they
have to but this would be a neat idea.  They need to just get more people on, pay them
better and look at really neat ways to reach out to the people.

F1: I would do things at a couple of different levels.  First of all, I will try to
create a physical environment that made it something where people wanted to come to
work.  This wall was covered with data until yesterday because I mailed them that
manuscript yesterday.  This is a very noisy hallway.  There is no place for faculty to be,
there is no such thing as a faculty lounge.  There is no place on this campus except for
one room where faculty can go and be together.  You cannot go have lunch with other
faculty.  So I would make it a place where people wanted to come to work.  I would have
like a refrigerator where people could put their lunches and a coffeemaker, so I think
physical environment matters a great deal. For clinical faculty and for part-time faculty, I
would pay for their parking.  If we asked faculty like that to come in for meetings, I
would pay for the time when you are here for meetings.  I do not think we should have
unremunerated expectations for faculty.

F2: I do, but I think there are, as you know, different types of people and the way
we work in the world.  And I'm not good at process.  I like to skip the process because I
see the answer; whereas, other people have to process, again process, and then meet
about it and think about it.  I can skip that.  I can go from this is the problem and I can see

that it needs to be changed. I do not need to spend a lot of time processing that. I think you have to pay for their education. That is what I think. Today, they can make so-so much money in practice. You can work 3-12s and make more money than -- and if you want, although I think that they ought to pass a law against being able to work all that over time, you could do two different hospitals. You could do 3-12s at two different hospitals and make more money than you can make teaching. And you just go in; you do your job. You go home. There is no paper grading. There is no dealing with disgruntled students. There is none of that. So I think you cannot make it attractive with money. You have to make it easy, and the way to make it easy is to go to where they work and give them the classes and pay for them. If you pay for their education, you will at least attract some of them.

F3: Because in particular, historically, we have been saying, "It is okay. We are doing this. We are a caring profession." But you know what? After a while, in the midst of a shortage, it is not okay, and you need to put money where your mouth is because we are running out of faculty. If you look at the mean age of my colleagues, it is not good. So we have to do something, and we have to do it pretty quickly. Changing paradigms, I think, is a way to do it. Although I really love what I do. If I can be better compensated and have a better schedule, if I could work three days a week and when I come home, there is no other work to do - I do not have papers to grade or anything like that - there is a big consideration there as to why would I continue to do that.

*Sub-theme: Adequate resources*

A2: If you want to train somebody the right way, you have to have the tools; you have to have the right teachers. I cannot ask somebody to take this patient temperature if

I do not give them the thermometer. Now I can give them glass thermometer or I can give them the electronic one. If I get glass one, it takes them half an hour to do it. If I give the electronic one, it takes - I do not know - two minutes. If I give them the component one, it takes one second. So basically, you get what you paid for. So if they want to have the best teachers, they got to pay them a few more cents; just same philosophy of thermometer. So, when people are putting their licenses and themselves on the line with students, they should have some value, including that their checks clear. That they have information that they need, maybe not every detail for faculty meetings but from the perspective or having the administrative faculty, think about what it is that an adjunct faculty person might need to know. Not many of them remember but when they do it's really good.

F7: One of the first thing that passed in my mind about that is that one meeting that -- I wasn't on the e-mail list yet for one of the first staff meetings and we're headed for an accreditation in 2009, so I got put on the accreditation committee. Something I've never done before, you know, sort of, "Who's not here?" you know, that's how I imagined. But that kind of thing, the advising task force; we're a very small faculty, we're only 13 full-time.

F9: I spent my summer months doing my scholarship because during the regular academic year, I did not have time, my teaching load was too heavy. So I spent my summers meeting my scholarship requirements. Community service is all up to you. They encourage you to do it in your -- something that could relate to you - discipline. But through my membership, through my different professional organizations, they

always had something going on, so it was not difficult to meet those requirements just through my professional organizations.

F12: One of the things is to encourage to go back to school, I think that they should alter workloads a little bit, because it's unrealistic to work 40-plus hours, on the weekends and everything else, and do a good job at both, both the teaching and going to school for your doctorate, so to encourage that. So I think the question is: one, money, but perhaps more importantly, having the resources to hire adequate faculty. We have to make faculty positions desirable, and they are not. Their remuneration is not that great; the workload is not simple.

*Sub-theme: Support for each other*

A2: Along with the pieces of information, recognition and thanks -- and it can be as simple as a card and I actually brought one with me if that's okay. Just a thank you, it's just -- it doesn't have to be elaborate, just, thank you for what you do, period. People have framed those. It's really very helpful just to say thank you and mean it. Those are the pieces.

A4: I think if there was more communication between the college and myself and their expectations, and had a little, maybe, orientation on how they do things so I know that I can do them just to make it standard, I think it would be a little bit better.

A6: I will tell them that they need to be supportive of this person. They need to be there. They should be easily accessible. I will tell them, if I had the power, I will teach them first of all, to only hire people who like their job. From the teachers to the housekeepers to whomever, because when people do not like their job it just radiates. They do not make other people feel good. And the third thing I would do is not hire

people who are not nice people. I think it is very important to have a culture of civility and I think nurses have long been known to eat their young, and I do not know why. I do not -- well, primarily women and women can be incredibly nasty. We are very often insecure, viewing our value as nurses solely in relation to other professions. I think that is why we do things like nursing diagnosis or things like that which are not constructive to benefit patient care, but rather are constructive to say, "Here is what we do that is different than unique." We should not have to develop a vocabulary to describe that. We should be able to study then describe what we do. Linda Aiken has done some terrific work, I'm looking at the value of nurses and her findings are very clear. The patient care is safer for people when provided by the people with a bachelor's degree. Why can we not take those kind of data and say, "Yes, we are important. Yes, we are valued. We are good at what we do," instead of stepping all over other people. Nurses are not nice and I -- when I get to be queen of the world, that is what I would fix. I will try to establish a culture of respect and civility.

A8: There is funding available and we need to advertise force together. While the whole nursing body, we come together, say we're not getting paid when they're doing their internship, or work with interns. But we need to match something because our faculty is with them. So let us see, apply for grant money seeking different avenues, like maybe organizational drive or even getting us the timeframe to offer us with funding, like half of us apply for funding and then somehow transition that through hiring or educate one of our good students in the unit, so paying that nurse on our behalf. Lobbying for pay increases, it would be another thing that I would be most interested.

F2: In academia, I would get time off to do it.  I'm encouraged to publish.  I'm recognized for publishing.  I present at conferences, so I get to spread the word.  All of that is nurtured in an academic setting where it is not in the practice setting.  So that is what I mean by creating new knowledge - doing my own independent research. Yes, and working with other really good minds.  When you work in academia, you are surrounded by doctorate prepared people who not only say, "Good job.  Good job," but say, "Have you thought about this?  Have you thought about that?  I'm not so sure that is the way you want to go."  They keep stimulating you to grow yourself and think about what it is you want to do.

F4: they would give us more opportunities to present, building those relationships in the community and be recognized or give us support to maintain them because I have a good relationship. It's very draining to keep on giving, giving, giving and not get back. So salary, time, mentoring, I think, recognition for nursing as a profession more than just a job.  Nursing Day is nice, but give me a pat on the back and give me something else besides saying you're a wonderful nurse – here's some cake.

F5: I would also surround myself with positive people.  I do not seek out -- I don't want to work with negative people.  I am older now and when you get older you come to say that.  I am not doing that anymore.  I'm tired of being chief here, I'm tired of that. People have to stand on their own two feet and if you are not happy, then you need to go somewhere else, unfortunately.

F6: Respect is a big thing.  The respect I mean is that students respect me not because of who I am and that I'm a professor but that I'm a nurse and I'm practicing and I know what I'm doing.  So, I maintain a lot of currency.

F9: To be perfectly honest, you have your senior faculty who administration seems to be introducing the perception that we see at faculty of being pushed out - that no respect is given to the faculty.  Lack of respect -- people, who we know, know little about academe and teaching and learning, are acting as if they know everything which is causing some ill will among the faculty.  So there are two camps

F10: The other thing that I would say, and especially if there are new doctoral faculty, is looking at how can you support them in whatever their area of research interest is so that they can then develop that because that is a part you will find when you finish your Ph.D., the expectation is, "Okay.  Now, what are you going to look at?"  Hopefully, your Ph.D. starts you with that and then you get to build on it.  If you really want to do research, you need to look carefully of where you go to work. I think the other thing will be is to say to my strong research faculty, "You have to try to pull those people who have interests in similar areas as you into the research you are doing because as a new doctoral student, you cannot start your own research all on your own.  You are a novice.  No big funding agency is even going to look at you.  You have to establish some track record, and some of that is done by a dean on other grants so that you get out there."  So that would be the one thing. The other thing, I think, is to look at then, how do you support the faculty to meet their professional needs and being able to help as much as you can.

F11: Retention - I will say from our school, we have had a problem with talking about adjunct or part-time faculty and not giving them - I would not call it respect - but not including them the way we should.  We have one part-time NP faculty member who has to fight to be on the LISTSERV for announcements - very silly.  And the response of the administrative support staff is, "Oh, you are only part-time."  So we have ways to go

as far as mentoring our administrative staff, as well as our nursing faculty. If I had agreed, I would hire people. I would look at what their specialties are. I'll make sure the faculty knew what everybody's interests and specialties were and strengths so that we could really benefit from each other.

APPENDIX J: THEME: QUALITIES AND CHARACTERISTICS

A1: I'm very organized.  I'm a good listener, I think.  I have a sense of humor.

And I have -- I believe in what I'm doing, I believe that it has value and I believe that

there is a purpose for it and that I am in the right place at the right time.

A2: I think they share a wish.  Almost like they wish they had children; to take the

best of nursing and share it with other people.  Almost like sales in which if you want to

convey the most attractive component not hiding the other parts but putting the more

attractive component out front and say -- and by the way, there is this down sides too but

not giving as much attention to those.  So, in that way, like a sales person; the ability to

take very disparate elements and put them together is one thing that seems to be shared.

Another element or another characteristic of successful teachers, the ability to look at

what each student needs for completing because most of the teachers I worked with are

toward the end of the clinical experience not at the beginning.  So, looking at each

student individually and say, okay -- and this is a very fast assessment.  "Okay, what does

this person still need for completion and then we can start the polishing process," and

then trying to find clinical experiences that will fill in those gaps and then also in doing

the evaluations, making sure that there's nothing more lacking.  In fact, those

characteristics I think pretty much cover what I've witnessed.

A3: I just have this feeling that in my heart, that I was born to be a nurse and I

feel strongly that other people -- this should be brought out in those who want to be

nurses and the barriers should be removed and they should be helped to become

outstanding nurses of high moral character who understand ethics and bring them into the

workplace and who help people help themselves.

A4: Definitely, organized and actually, fun which at first, I was like, "I don't know if I want to be known as fun" but I think I like that too. I see that with that comes that they're not stressed. That they come to clinical relaxed in a way that, I think, they're able to clear their head of the stress and able to focus a lot better by having a little humor, and a little, "Hey, I'm not here to stress you out," and "Let's talk about this patient," and so forth.

A5: I love to talk, okay. I like to explain and I think I'm patient. But I guess I'll probably be either a teacher or a lifelong student. I love the school. I love the whole process.

A6: I guess one of the characteristic that you have to have in order to be a nurse teacher or teach at the university level is that you have to have lots of expertise. And I feel like that, I am an expert in the field of nursing because I always stay updated at working in a hospital setting. Also, I like to teach people to do the things the right way. Oh, let's see. I am also very easy going. So it makes it easier for the student to listen. I have positive attitude so I do not -– in a healthcare environment, we have always been told and taught also to look for what is wrong. My character and personality is a little bit different from everybody else. I look and see what is right and I try to encourage people to focus on what is right. Then you can teach them to grow, to learn the part that they are weak at.

A7: Well, you need to be a leader. You need to be able to lead these students. And you also need to be able to deal with people at all levels. You have to be knowledgeable of the nursing process first and foremost, but you also have to be capable

of teaching differently in the same room - to the same group people - because everybody understands on different levels.

A8: And people like us educating, always want to see that one's full potential. I think we do have the gene. You also have the passion to teach. It is very difficult, if you are stressed out, if you don't get paid for things that you don't do but you still want to do because you want to see somebody else picks up. So, having that mindset, when I thought about it – what is it in me that's making me go, and I thought I must --. I compare the individual to their full potential. That's one thing. The other thing, I think, I'm active in listening and a very caring individual that wants to see people learn, to learn from my mistakes and learn from things that are out there for you. As an educator, what else can I say. I think it is the compassion.

F1: You have to be willing to work hard, and there are enough people who are going to work hard.

F3: But I would think that it would be different if more people thought this way, that students are not just a number. You need to be clinically confident. Not just confident, even; I want you to be clinically excellent. So you should be very good at it in order to be able to teach it, I think.

F5: I am very flexible. I am a very flexible person. I am very organized as well. I know every single piece of paper is on that desk. I get such joy in watching people succeed, in watching people do what they really want to do.

F8: I do listen to what students say and I resolve the problem. They don't need to go to anybody else because they get -- I'm a very fair person so they get pretty -- they

might not ultimately like it but they feel like they've been treated fairly. I mean, it's very clear that I like what I'm doing

F10: I do not like saying it. I'm really great with this. I'm very much a people person. I like being around people. Because of that, I'm open to students. I label myself as a pushover. They come to give me a sob story, a song and dance, and I'll go, "Okay. You can take the test in two days, and not today." Afterwards, I say to myself, "You are being too easy on these students." But at the same time, I feel that it is one of the things that had probably made me effective. I care about the students. I want them to learn. I'm not out there with the attitude of, "I'm going to see how many of you I can get out of here." I'm out there with, "If this is what you want, I want to help you get there." I will take time to go out of my way to try to help students really grasp and understand.

F11: So I found that kind of it was a natural calling to come and do that. I think there is a lot of people who say, "Oh, you know, they use it as a backup. Well, if I'm not going to work clinically, I would go teach." I do not think that is the case. I think there has to be some abilities there and also some willingness to try new strategies, to work with students. It is a different ballgame - totally a different ball game. I also think that I do it a little bit more intuitively now. It comes a little more naturally. I know when to switch styles. I'm being able to incorporate more technology; there is just a lot. And so, I think, I'm also not as nervous as I used to be. I'm just not.

F12: I think communication is good. I think being a leader and mentor and a facilitator of their learning, not just giving everything to them. Being a guide; I see myself as a guide to the pathways of where they have learn and where they have to find information. And because of my experience and many years of being a nurse and then

being an educator, that I know most of the places where you can look to find things and

how to make it easier for them, but without just telling them everything.

APPENDIX K: MENTORSHIP

A3: I had many opportunities to interact with wonderful men and women who

contributed to basic elements and were good models and then good mentors.  And when

you asked about the characteristics of the mentor, they role modeled what I wanted to be.

They were very, very good listeners.  They knew how to help set priorities and objectives

and then … help you initiate your actions towards those objectives.  And I think of a

couple of different people that I worked with and also who supported me in my program,

my Ph.D. program.   I had started my Ph.D. program -- and this is an example of a good

mentor that I have followed through with this type of mentoring activities.  I had a major

health problem during the first semester.  I was just going to keep marching on and just

get through it.  My informal mentor at school said, "Look, you need to focus on getting

well and we will be there for you and you can pick up."  And that was probably the best

thing that helped me get well and helped me get back on my feet.  I've also had a number

of very good supervisors and I can think of one who was a wonderful role model, was an

outstanding administrator and mentored me to help me develop my skills and abilities.

The colleagues that I have are deep in their professional roles and many of them are

educators.  In my volunteer life, I see the educational component and I help foster that.

And they have a whole team that gives you feedback and I think also, the other online

positions also have a mentoring program where they review your performance.  And

there's always a teacher evaluation-type thing that you get feedback from all the time.

For a formal mentoring program in place, I think only one of the schools actually have

that. I think you have to pick your gifts and your time.  And I think that, perhaps it's

something that interests me. I don't see it as a perk. I see it as something personal, that if the opportunity arises, that's very, very satisfactory.

A6: Actually, to tell you the truth, I felt like I never had any support. Even now, today from schools of nursing, they do not support their faculty. The only reason I have been successful in this field is because I am the type of person that says, "I can, I do. No matter what, I'm going to make it." That is the reason.

A8: The first clinical were rough because I was still trying to learn my role but at the same time be there for the students. And I think by the 3rd and 4th one, I kind of had my own plan of care, but how would I have my students reach the goal at the end, and it took mine because it will take a lot of mentoring. This is what you are looking for because I didn't know what they are expecting. I didn't know what I was expecting and the meeting helped, listening to group meetings, you know how we have discussions every month where---how was the progress on your students.

F1: And I think the most ideal program is one where there is a mentor, which would require, though, the release time of faculty. If I'm teaching clinical for the first time, it would mean a lot to me if a senior faculty member showed up and spent a couple of hours with me not in a way that looked like she was overseeing me to undermine my credibility with the students, but rather to see how it is going. But again, it has to be a model within the school, so the students always expect to see a second faculty member there. So for example, when I directed a clinical course in which I had between 10 and 12 clinical groups going at a time, my practice as a course director, I did not take my own clinical group, and yet I visited every single clinical group every single day. They were in clinical. Now that was days, that was evenings, that was weekends. Unfortunately it

was not nights usually, but sometimes there was not a lot going on at night. So I think people cannot feel that they are thrown into it.

F3: So I see it on all levels of activity to be able to mentor students. And even my colleagues, my faculty members, I think there needs to be a sharing there. You have to, as a new faculty member, take some of the responsibility on yourself. I certainly have sought out mentors, people who are doing my particular area of research, but I also did that in my doctoral program. You know who you can count on. You know who is in your field. But that does not mean that I do not need mentorship from a seasoned scholar. I do. There just really has not been an environment that would foster such a relationship because people are, as they tell you every five minutes, extremely busy. Although if they will stop talking about how busy they were and actually think of something, it would be a whole separate thing.

F4: I think mentoring. I'm fortunate, like I said, one of the faculty members is, people I've worked – I showed my teacher when I was there. She and I sat down one day, she goes, "Okay this is what you need to know." And damn if she wasn't right! So the mentoring portion is very good.

F6: They started a mentoring program, sort of. It was a new faculty orientation which talked about the disabilities, the student services, the library, this and that, everything else, which was fine. But, you know, they do that on the first. On the second day was, "Let's learn how to put a syllabus together," and dah-dah-dah, which was very difficult because here in nursing, they're already done because the assistant deans do that. One of the nurses that came a year after I started my real job as opposed to the grant, she was assigned a mentor or preceptee. But because I was right across the hall, she came

over and asked me questions. And I showed her, I taught her and she still comes to me today. And I don't treat her with any other, you know, kind of attitude except for respect and kindness.

F7: I think a mentor was the key. I couldn't have done it without the mentor that I was assigned to. She was always there for me and, you know when you're new, people forget what it's like to be new. So, she helped me with the culture of this specific organization as well as the specifics of the educational requirements. There is not an official program, there's nothing in writing. You get assigned to a faculty member and I think each new faculty's experiences vary because if not at all objectified or specific. It's just I think who that human being is that makes the difference. One had a faculty member that wasn't as available to her, because the faculty member was -- she is leaving. I don't know if those two things are related but I just sort of didn't feel that she got the same sort of support. That made a difference and she is a brilliant educator, so it's a shame.

F8: I have mentored two full-time other psych people; one is still here -- her office is right across the hall. And the other one was here for two years and then she transferred. I think really mentoring new faculty. I mean, I know that we just got three new faculty. One of them will probably stay until she retires. But the youngest one? She'll be gone in five years. There's no way she'll stay here. One is probably the money. One is because she hasn't been mentored, and I think she probably has some dissatisfaction and she doesn't really know how to do things. And it's sad to watch her struggle. And I actually asked to be her mentor, and you know what I was told? Well, because she teaches med/surg, that I couldn't be her mentor. So, obviously, a psych

faculty could not mentor a med/surg faculty, which –- I just looked at that person and –- I mean, they don't get it.  They don't get it.

F9: There would be a monthly faculty orientation - perhaps not orientation -- instruction development - that is what I'll call it: development.  Once a month, there would be faculty development.  Issues discussed would be teaching the new ones the different teaching approaches, understanding the concept of student to teacher, the different focuses, how to maximize the use of Blackboard, looking at pedagogy, assessment.  Those are the things that I would -- and it would be a monthly required. Each month, we would have a different subject matter, and you would be expected to come back next month with your ideas, and I would need to know how you are incorporating these things. I guess, I'm thinking about reaching more people.  I mean, when I hear about programs and how they couldn't get in to the nursing program, I don't -- expand it, hiring on more qualified teachers.  Interviewing them, making sure they have a mentor that can help them and tell them that what they need to look at and focus on as a teacher.  But expanding it out.  My colleagues - they mentored me into the role of educating. While I had a teaching practicum at my master's program, had the pedagogy, had tested measurement, teaching practicum, my colleagues prepared me really to teach. I worked very closely with them.  They helped me to develop objectives.  They helped me to develop my teaching modules.  It started out with me being with them when they were teaching, then them being with me when I was teaching. But in those days, 33 years ago, it was the behavior that faculty engaged in as far as preparing or assisting one to move more smoothly into the role of the educator. To me, mentoring is not just to help you get ready to teach.  In nursing, my obligation is to help you be a component within

the institution of higher learning wherever you are. You need to know all the aspects, not just the classroom teaching because that is not the whole world. That is just a narrow spot.

F10: I have worked with new faculty. The one thing that is so hard with that is you get so caught up in your teaching responsibilities and everything that it is hard sometimes to give them the kind of time. It has been easier when I have had a master's student who is working with me. It has been easier to do some mentoring in that way because it is part of what I'm focusing on. Whereas, if you have a teaching load, I have a teaching load, you are new, and we were not necessarily teaching in the same courses, it was much harder for me to do the mentoring. One of the things I would say is, for new faculty that came in, is to really make sure there was a strong mentoring program for them.

F11: I had incredible mentors - excellent mentors. I had them that they would allow you to work fairly independently unless you really needed help. So they were not -- it was not structured or authoritarian. They really were very helpful and supportive. They are now national leaders and deans of schools, so I felt very privileged to have encounters with them and to learn from them on how to teach. Yes, I do have the opportunity to mentor new faculty but being a little bit more on the graduate side. I do teach some undergraduates such as Health Assessment but being on the graduate program, there is not as many faculty that come on board, or because I am a term instructor faculty member and not tenured or with a research component at this point. Those faculties who kind of come on board who were on the graduate faculty get mentored more by the PhD faculty. Number one, to make sure that there is a sort of a

strong mentoring program so that once the faculty members have been on board, not only they are oriented and just, okay, it is not like, "All right, the class started two weeks ago, we hired you. Here is the syllabus. Have a nice semester." But that there is actually a mentor to go to, someone to help them with their teaching strategies, particularly, for this one, and because it is truly overwhelming on the university level for teaching for the first time - all the demands - and there is a lot of, for us, even though we have a faculty handbook there is a lot of unwritten things about what happens with teaching, that you just have to be around until you figure those pieces out, or you have someone that will be willing to tell you. So having some sort of orientation/mentoring program throughout their first year and then helping them to set up may be with another faculty members, seasoned faculty, research faculty to help them kind of get to where they want to be, where they see themselves at academia. In other words, not some short term thinking, "We have got to fill a spot. We need an instructor now," but about long term.

F12: And in --------- the curriculum was very, very structured, that you had to, for the educator pathway you had to be mentored by one of their faculty that you buddied up for a semester with them, and you had to do pre- and post-conference on videotapes and take it to your instructor. You had to go with this instructor and make assignments But people come to me because I have some experience. I mean some of the new people, I've found, need assistance.

APPENDIX L: PHILOSOPHY OF TEACHING

A1: It's a gift to be able to work with people who are going to be the next generation of nurses and the feeling is that there is an opportunity to help form what they're about to do because I believe, always have, always will, believe that it's a privilege to take care of people and to be invited into somebody's life at a very intimate time. And you see that everywhere but in speaking of psych, you're invited into someone's life at a point at which things are really bad and if I –- so that's part of that continuum of feeling privileged and that there is an opportunity to work with people who have a vested interest in doing the same thing and guiding them and hopefully setting a good example. Then I feel about it's a really terrific place to be.

A3: Yes, because you can help people help themselves and you can bring out the best in people and help them decide if education is their skill and perhaps what direction in education they would like to seek. But to bring out people's strengths and to build people and build educators, I think that's so very, very important. First, I think it's a gift. And sometimes, you have to find your gift and you have to find somebody that becomes passionate at it. You have to give them the opportunity to fail at it. They have to be confident themselves and mature in terms of -- we all know people that are very, very needy and need lots of time themselves. You have to give up and be there for your students in total. You put yourself in the background and you are there to help them help themselves.

A4: I think there's a little bit of that in me from the early times, since when I went schooling to nursing school and trying to help other nurses understand. My perception -- the way I perceive teaching should be taught is with humor, a very comfortable setting,

stress-free, and trying to bring it down a little bit to layman's terms, and I feel that I have

a knack for that. And teaching people and seeing that they're getting it and they're

having fun is so rewarding.

A6: Well, I wanted to get the message that the nursing is awesome career. It is a

career that is worthwhile. That is why first of all, I am working in a hospital setting and I

am teaching still because I think I have to send the message to people before they even

start. You got to instill this in them, you got to motivate them to find out that the career

they have choose, even if it was not for right reason, they will find out that this is the best

thing for them to do. If you want to train somebody the right way, you have to have the

tools; you have to have the right teachers. I cannot ask somebody to take this patient

temperature if I do not give them the thermometer. Now I can give them glass

thermometer or I can give them the electronic one. If I get glass one, it takes them half

an hour to do it. If I give the electronic one, it takes - I do not know - two minutes. If I

give them the component one, it takes one second. So basically, you get what you paid

for. So if they want to have the best teachers, they got to pay them a few more cents; just

same philosophy of thermometer.

A7: They did want to get an education and so I looked at it as a way of giving

back to the institution that gave me so much that has allowed me to develop into the

nurse I am today.

F5: My life is a very-it is very funny-it just kind of happens. Do you know, which

I think has to do with the philosophy of just doing a good job, enjoying what you're

doing and good world would come to you, they do come to you in time. So, I think it

really depends and I do think money is always – money robs everything, even though we

can say that for altruistic, I mean, we believe we just do this because we love it.  I mean, I do believe that I am very fortunate to be paid to do what I love and I think it is a privilege to have that.

F6: Visual, Auditory, Kinesthetic, and Reading.  Everybody has a way of learning, I am a hands-on learner.  Don't give me an article to read and review to forget it I'd rather go out and do.  So, in my clinicals, my students do everything.

F7: I love the students of all ages and we have many adult learners as well.  I love the way people process information, all people.  And to see answers to test questions and I love to give essay questions because I understand more how they understand the content; help me learn about how they learn and just getting the content.  I think teaching generals to nurses is getting harder and harder because they have all this content.  There is so much more to know.  So, I think supporting them in all ways; academically, socially, spiritually even at times, you know, that might -- parameters of my job.  It's, it's an honor to me, being in that spot.

F11: It was a given that you needed to give back to the profession.  So I think early on, and I say that to all of my students presently, the expectation is in one year I'll find you the precept and that we will take it from there.  Then, for some students that I can tell, who think they might want to go on, I'm highly encouraging them to go on for their doctoral studies. It may not be necessarily the way some of these students grew up or part of their culture, but it is part of the nursing culture.  It is part of professional culture, I should say, not just nursing.  And I think in order to have the profession to continue in the future, we need educators.  And so, consequently, I think, yes, I think some of them get the message, some do not. There are some general philosophies about

teaching and learning about maybe not wanting to embrace change. There are also some administrative functions that, certainly, I have found in academia that certainly would not work in the outside world, in the business world, if you were trying to make money. And I think that the universities are trying to turn that around, in particular, at how are you financed - who brings research, who brings in money - that is necessary to pay for faculty salaries. And that, you know, what kind of beneficiaries are there out there? So we are a fairly young university so, consequently, we are playing with those factors that maybe some more established units would not. But I think not wanting to change is a big factor. Well, we have taught it this way. Our students say we get great evaluations; not so sure we want to change the way we are teaching.

APPENDIX M: THEME: DISCONNECT BETWEEN CLINICAL PRACTICE AND

NURSING ACADEMIA

A7: have a specialty area and due to the shortage, people are --- the professors are

teaching in areas that they are not experienced in.

A8: I think we need to set the bar either higher up for certain individuals who are

still in the academia, who have taught yet have been out of touch with clinical, like not

working and not still in the institute.  I think we often need to provide some sort of

orientation – paid orientation for the faculty so they can at least be with somebody and

learn the ropes before they're placed in the clinical setting.

F3: "…although it was great that I received an excellent education - I really

learned most of what I needed to learn after graduation from nurses who were actually

functioned at the bedside.  I thought that there was such a big disconnect with what I

learned, actually, in the hospital, what "real nurses" were teaching me versus what I was

learning either in a lab or a classroom, and there was a big disconnect between the two.

Even now, I feel that disconnect because very naïve, my colleagues - do not take this as a

negative word, it is not the same.  I do not mean it that way.  But it is just we are coming

at it from two different places.  I just do not understand why, in the lab, when you are

teaching, for instance, something like a central line dressing change, why, in the lab, is it

done one way and, in the hospital, it is done another? And so, it really is important to me

to help.  Because I have about 40 years left in me, in my career, to be able to bridge that

gap between the two and to be able to get simulation labs up to the point where what you

do in the simulation lab is actually a simulation of what actually happens in the hospital.

Keeping in mind that what happens in the hospital should be informed by the research

that is conducted.  So everybody - whether you are practicing in Connecticut or California or anywhere in between - everybody should do the same dressing change that has been backed up by lots of clinically based research, and that is how we are going to eliminate a whole bunch of the disconnect in between what happens in the hospital and the clinical labs at school.

F6: Because that's the kind of students we're producing -- are the students that we'll do working at the bedside.  They're not going to be charge nurses.  They might be, you know, but not right away.  Give them a couple of years when they make get their Bachelor's degree, and they might get their Master's degree, there are a myriad of things.  They might just be happy being at the bedside.  I mean I know several people that don't want to do anything but bedside nursing; they're 70 years old and still working just because they love it.  So, you know, let's do that.

F10: One of the things that I found is teaching undergraduates; you do not have as much time to do those kinds of things.  It is not a part of your job.  It is what you are doing in the evenings, on weekends and you have no life then. If you do research and publishing, you tend to go to the graduate level to teach, and there, very quickly, I think, you are looked at as being up in this tower and really not having any real understanding of what is going on out there in practice. It is one of the things that I have always tried even though I have not been doing clinical recently.  I have always tried to keep my finger on the pulse of what is the real work environment because I feel, as I'm preparing students to go out there, I want them to have a realistic perspective of what they are going to be faced within the job area.

F11: I think to teach clinical practice, you need to practice.

F12:Well, I think that current, for me, is not current in acute care, because I haven't done that, but current in going to clinical two days a week in that field, watching what the nurses do, participating.  I mean, I could fill in at the health department doing what they do, because I've been there for a while and know, and then reading the current literature that's coming out in the journals and what not.  So I'm not really keeping on practice that way but, in public health and the areas that I'm in with prevention and those kinds of areas, I try to read when new things come out about that.

APPENDIX N: THEME:  COLLABORATIVE RELATIONSHIPS

F6: I would utilize those that are here right now and ask them to choose which subject matter they want to teach, that they're comfortable to teach.

F7: So, I might look into cooperatives with hospital themselves and hospital incorporations to look at merging this.  It's seems to be so many nursing programs are so incredibly expensive, so taxing and resources and labs and all the cost components.  … there will be some way to integrate program work.  We all seem to be doing the same thing.  Side by side.  But that would interfere with free market education. So, I might allow Bachelors-prepared faculty into the clinical. For instance the person who teaches health assessment, I would love to teach their mental health assessment piece and some of their neuro and they have said to me, "Oh great, well then, I'll come and talk about postpartum depression, in your psych lecture," and it's just so much more collegial when we all know what we're doing and appreciate each other's stresses.  We can help each other out.  I just did a guest lecture for someone's Peds.  I said, "Do you need me to write some test questions.  Oh, it would be great.  Can you do 15?"  She must have talked about that for weeks.

F10: One of the things -- and we have really tried this, but it has not been very successful.  It is the clinical specialist in the hospital.  We have tried to get like ---- which is one of the biggest controllers of hospitals in this area to let their clinical specs have some release time to do clinical with the students because they are right there, they are in practice, they know the facility, they know the staff.  That is three-fourths of the problem of getting the clinical setup. So I think it is the agencies and the universities to work closer together and see us not in competition with each other, but it is that our missions

are the same. And I think the third thing is, is that if one is in a research position, it is very difficult to do research and to teach clinical at the same time. And if one wants to have a joint position -- I think universities are very often not as creative as they could be. I think there are a number of ways to increase faculty positions by utilizing joint appointments - that is what I call them - with people and currently full-time clinical providers and say, "Let me buy out 32 days of your time a year. Let me pay your institution, your current salary. But I get you 32, 33 days a year, which would be two clinical days plus an extra." It is more clinical days than they usually would have in a semester, and which would usually be probably about 28 or 30, probably closer to 28. But there is a lot of take-home work that we ask faculty to do and that is cheaper in the long run. It is good for the hospital; it is good for the university. We are not paying benefits because the institution is paying benefits. There are a lot of master's degree nurses working at their bedside and that would allow us to -- they should feel special. They should feel separate. They should feel that they are valued because of their master's degree and this would be a way to do that, it is sort of a retention tool for hospitals as well. I was at another institution where we did that and it worked terrifically well. We had tremendous retention of faculty, we had high morale, the hospital appreciated it, but I do not know of any institution around here that is doing it. We wrote about it a lot, we are very good at espousing theoretical ideas but it takes a real leader to implement it and there are not enough nursing -- there are a lot of people who claim to be nursing leaders but they tend to be very narrow in their focus.

F12: So I just feel like the culture of the place they need to accept and they need to integrate and encourage the people who aren't actively doing research to be involved in the research process and help out and be excited about it, but not to act like they really hate it. "You go do that and I'll stay over here and do that." That's not right either. But I don't see the collegiality of having those professions who are already doing the research even -- I've offered so many times, "I'd really like to do something," but nothing has ever been approached.

APPENDIX O: THEME: BEING A TEACHER IS A PRIVILEGE, A GIFT, AN

HONOR, A CHOICE!

A1: It's a gift to be able to work with people who are going to be the next generation of nurses and the feeling is that there is an opportunity to help form what they're about to do because I believe, always have, always will, believe that it's a privilege to take care of people and to be invited into somebody's life at a very intimate time. And you see that everywhere but in speaking of psych, you're invited into someone's life at a point at which things are really bad and if I –- so that's part of that continuum of feeling privileged and that there is an opportunity to work with people who have a vested interest in doing the same thing and guiding them and hopefully setting a good example. Then I feel about it's a really terrific place to be.

A2: Conversely, I kind of feel bad for the nurses who are working without having an opportunity to teach. There is something that's deeply grounding about sharing your current practice with people who are entering the practice. It requires a lot of introspection, a lot of reflection on, "What in the world is it that I am doing? What is the most important part about it?"

The people who seem happiest, at least those with whom I come in daily in contact, are the people who have a chance to be preceptors because they get to dig deeply into who it is they are and share that wonderful essence with people who will possibly be their peers and at some point may even take their place. So, they told me over and over again, "I am bringing up the next generation of nurses. I want these people to love what I do and what I share with them, so they'll want to do it too." Those are the folks that I think benefit the most from their current practice.

A3: Somehow after I achieved a Ph.D., I felt that there were opportunities to share in adult education. I was attracted to adult education because a nursing education is generally adult-oriented, but particularly, to graduate programs where I felt there was a good understanding, a good maturity and striving by adults to learn and I felt that perhaps I had strengths in adult learning principles and I felt comfortable with adult learning.

A4: I have always enjoyed teaching. I think there's a little bit of that in me from the early times, since when I went schooling to nursing school and trying to help other nurses understand. My perception -- the way I perceive teaching should be taught is with humor, a very comfortable setting, stress-free, and trying to bring it down a little bit to layman's terms, and I feel that I have a knack for that. And teaching people and seeing that they're getting it and they're having fun is so rewarding.

A5: Having the desire to teach others to me means sharing knowledge that I have with somebody else where they can understand what I've taught or shared with them. And they, in turn, can either share that knowledge with somebody else or they can apply what I taught them because most of my teaching has been in nursing, whatever I've communicated, if they've been able to use that information and, in turn, apply it, you know. Once I actually started to teach, I found it was like a natural fit, you know, like a shoe. Why didn't I think of this before? It was not the traditional route. It wasn't sort of that mentoring situation or something I have given a lot of thought to. But I was sort of in the right place, right time, with the right credentials. And someone was kind of enough to, sort of, give me direction. I don't know if it's me, you see, it's just the way I

thought, but yes. I think if I haven't been approached, I would have eventually come around to it, much later.

A6: I was always –- I guess, I was born to be a educator because before I ever went to nursing, I was a teacher.

A7: At that time, we made choices. I decided to go back to school. And so that was my focus. That was number one in my life at the time. So I was able to give a lot of time to that. Not only that, it was the desire of my heart to help people. And I just noticed a caring attitude towards the students, as well as myself and they wanted us to be good nurses. And I am clueless as to why, even if they would do it on a part time basis, other nurses would not feel the same way and want to do that to help others come through the same path.

A8: I wanted to be in education but I didn't know what field I'll be on. I was graduating with honors, I had covered all of the computer sciences, sciences and lastly English and Physical Education but I had no idea what I want to get into. So, I had like when I grew up to go into any field. I just didn't know which one and nursing made it shine.

F1: I have a lot of colleagues who I respect tremendously. I have one colleague who, at one o'clock in the morning, two nights ago, spent an hour and a half with a student. Because the student was on nights, and when the student is on nights, she goes and she was in the hospital for four and a half hours in the middle of the night after working a full day, and she had to go back and work a full day the next day. But because the student needed her, she was there. So there are a lot of really good people working really hard to achieve nursing education.

F2: Well, I think that is what I have always done is, teach other people. I think I see things clearly. People do not see the answer as easily as I see the answer, and so all my life, even as a child, I have played the role of helping people see the answer. In class, when students did not get it, I could help them understand, and even after the teacher explained it and I could re-explain it in ways. In high school, I actually had a teacher pull me aside because I would ask questions in class even when I knew the answers because I knew if I asked the question, it would help other people understand it differently or clarify it differently. So I always played school. I was always the teacher. Even when I was older and my friends wanted to go do older things, I still would stay in the playschool with the little kids so that I could be the teacher. So I had just always done that. So when I found out that there was a lot I did not know, then I decided to go back to school. When I went back to school, they gave me the opportunity to be a clinical instructor because I was a little bit older already and had some maturity about me and they were short. You know how that always works. So I got a clinical group, and I loved it and went to the dean and said, "Well, I would like to teach in a classroom too." And she said, "Well, you cannot do that without a PhD," so then I went back to school to get that. So that is the story. I think people that come to teach are people who have strong ideas, very strong opinions about the way things ought to be. Those are usually the people who come up and want to stand in front of the class. I also think, typically, there are people who are very comfortable with public speaking, with themselves, so they tend to be people who are very confident, so your better students. People who have lots of success on their background are usually the people who want to come and teach.

F4: Sharing my experiences, expanding the corps de esprit, spirit, making sure that there's another generation to take care of me when I get older

F5: I did wake up and want to be a teacher. No one in my family was a teacher. My dad was a factory worker and my mom didn't work. So, among my relatives no one that I knew actually was a teacher. I just found that there were two things – anything I knew I felt that everyone else should know and then if I knew it, they could know it too. And so it wasn't ever anything big, it was just a learning process. The two things that I thought was so fabulous in life and all of a sudden, and I can tell you exactly where it happened – on Route 50, driving past Curran's Mall and I was like, oh my God, I put it together and I am doing both things. I am the luckiest person in the world. I thought I was the luckiest person and that comes back all the time.

F6: And during my nursing student career, I fell in love with one of my professors and I wanted to emulate her someday.

F7: I do, at this point. Full-time is a question and that is more for family reasons than anything else but then I see -- now that I'm from going from adjunct to full-time, I understand so much more now and it helps me appreciate what the adjunct are going through because they haven't been sitting in the staff meeting and heard all the things that then just changed the clinical experience. So, people in clinical are thinking, "Why are we changing this?" because they don't have the history. And with Bachelors-prepared nurses, I think there could be a lot more excitements about education. Because they are so -- nurses are so gifted in what they do and there's such a passion for what they do and then students needs to come alongside and see that and be reminded of what their study is about because you can never lose that. It's a tough work and when you see somebody

who has the passion for it.  That's what I do.  I want to do this.  This is why I want to become one.

F8: I'm not sure if I can remember that but I knew I wanted to go into teaching.

F9: I love it.  I love what I do.  My students used to say, when we had the generic baccalaureate, I was interested in having a whole lot of little me's running around the world.  I really love it.  That is why I have stayed.  I'm rejuvenated all the time.  I'm always looking for fresh approaches.  I love it. To me, I guess I hear folks say teaching is a calling.  So obviously, I have been called…

F10: I just found that I enjoyed students.  I enjoyed when the light bulbs went off and they have had that aha moment of, "Yeah, that is what it is about," and seeing them years later, continued to go on and be practicing or getting more education and doing more things, and to feel like I had a part of getting them there. I gave up some of the money that comes out of the acute care setting to have some more flex in what I was doing.

F11: I think, intuitively, that I really enjoyed teaching - always have - and so that this was a new opportunity.  It really sparked the wanting to do this, and I had always seemed to gravitate to projects that were in the clinical area that involved teaching, whether it be patient teaching or precepting or what not.

F12: I think it was from a student's perspective of having role models as teachers and, seeing like I liked their job and what I could see that they would do for me and to be the receiver of the teaching that was going on, I just thought that it seemed like a job that I would be interested in. And in fact, I taught an LPN program for a while before I went

for my master's.  And I just really liked the ability to mentor others and to work with

them and teach them the things that nurses need to know.